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ABSTRACT

This manual is intended to serve as a resource to assist nursing home inservice instructor coordinators in presenting effective orientation and continuing inservice programs. Designed according to a modified self-instructional approach, it presents background information on factors influencing inservice, guidelines for planning programs, discussions of major teaching methods, and procedures for integrating inservice into a facility. The following topics are addressed in the guide: the role of an inservice trainer; the meaning of the terms inservice and teacher; things that an instructor coordinator needs to know about learning; how to manage a group; the importance of planning; how to conduct a needs assessment; the importance of writing objectives; the benefits of lecture and demonstration; small group discussions, handouts, case study, role playing, and simulation games; ways to use outside resources; the best use of instructional media; the importance of review and practice; learner evaluation; the benefits of inservice to the nursing home; and resources. (MN)

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Think it Older

A Guide for the Inservice Coordinator

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Preface

With all the roles you play in a given day, you now have another hat to wear--that of nursing home training coordinator. Perhaps this new title is simply an extension of other roles you have had as teacher, organizer, or nurse. Yet, it may also involve new and different skills or the new and different use of old skills.

The purpose of this manual is to present information regarding both the art and science of inservice education that will enable you to present effective orientation and continuing inservice programs. Designed in a modified self-instructional approach, it presents an overview of topics concerning inservice education. Section I presents background information on a number of factors which influence inservice. Section II is a guide to planning programs. Section III discusses major teaching methods. Section IV deals with integrating inservice into the facility. An extensive resource list is included at the end as an aid to locating additional material.

We hope that this manual will provide you, the inservice coordinator, with a number of ideas for dynamic programs.

What is the role of an inservice trainer?

An inservice trainer is a teacher-manager. Sometimes you may be primarily a teacher; at other times you may be primarily a manager-coordinator. Whatever the role is for the day, an inservice trainer must be a jack-of-all-trades.

A basic knowledge of the aspects of teaching and learning and an understanding of the human aspects of work are essential. A trainer must be able to supervise much of the technical operations of teaching.

A teacher-manager is responsible for learner results and personal relations with learners and the nursing home's patients. He must also be aware of professional and community developments within long term care.

An inservice trainer must be able to plan effectively--both present and long range planning. He must employ and maintain top quality effort and efficiency; he can expect no more from the learners than he expects from himself.

An inservice trainer must have developed the important skill of leadership. He must be able to delegate work and authority in a way that will get the job done in the best possible way at the least cost. In other words, he is expected to promote maximum efficiency. He must know and understand how to select manpower and how to develop manpower. He must be able to coordinate all the operations of the particular work area so that his subordinates and students all work together effectively. This includes having effective communication, so that all levels are aware of his activities, policies, etc. Therefore, he must have a good knowledge of language and words. An inservice trainer must be able to get the most out of what he reads and put the most into what he writes. He must be skillful in imparting information in a manner that is appropriate and learnable.

Lastly, an inservice trainer must understand the organization within which he operates. He must be "up on" the policies of the institution. He must be part of and be supported by the administration and supervisory staff. He should be able to motivate employees, work with administration, teach, learn, coordinate, etc. In order to inspire, motivate and guide

others, an inservice trainer must have true understanding of people.

The goal of this manual is to provide a resource for you so that you can develop the skills and behaviors needed to meet these goals for inservice trainers.

What is inservice?

> "Inservice education in nursing homes is a systematic and continuing process of providing job-related learning experiences for all personnel responsible for direct and indirect care and services to patient/residents."*

When viewed as a whole, the concept of inservice education seems to be something of a monolith--a task bigger than life that can never be fully understood or carried through. But, as with all complex processes, thorough inservice education is quite within the grasp of any health care facility. The secret is to be willing to work at it, and to break the broad concept into specifics one step at a time.

In the nursing home, the ultimate goal of inservice education is to improve the quality of life for the residents. Thus, an inservice education program should focus on increasing

* A Concept of Inservice Education in Nursing Homes, Nursing Home Trainer Program, NYM/RMP Project #20 61-70 A, United Hospital Fund of New York, December, 1972.

the technical proficiency and social communication skills of the nursing home staff, keeping the staff up to date on new techniques, equipment, and concepts of care. The program should be meticulously planned rather than thrown together in a haphazard fashion.

Basically, inservice education can encompass these four major areas*:

1. Orientation--to the home's specific objectives, organization, personnel policies, job descriptions, and to the physical plant in which care and services are provided to patient/residents. This includes ongoing orientation of all personnel to any changes in the nursing home.

2. Skill Training--to develop competencies related to physical needs of patient/residents, e.g., nursing care, food service, activities of daily living, safety, application of written procedures for care of persons with acute or chronic illnesses, including rehabilitative and restorative techniques.

3. Continuing Education--to build additional competencies and to integrate interpersonal skills into all aspects of interaction with patient/residents, families, other visitors to the home, other personnel from various departments within the home, etc.

   Continuing education provides new knowledge, understanding, skills based on findings of research in the physical and behavioral sciences, e.g., new techniques for serving physical-social-emotional-spiritual needs of aging persons with illnesses or disabilities in institutional settings.

* A Concept of Inservice Education in Nursing Homes, Nursing Home Trainer Program, NYM/RMP Project #20 61-70 A, United Hospital Fund of New York, December, 1972.

4. Leadership and Management Development--for selected personnel who show potential for learning and applying new methods of leadership and management positions who show evidence of need for assistance in this area of on-the-job performance.

Orientation*

Orientation gives employees basic information which allows them to function efficiently and effectively within the health care organization. Each employee needs to know and understand organizational policies, procedures, structure, services, and benefits. The length and depth of each facility's orientation will vary, depending on size, specialized services, number of employees, and the knowledge and skills of new employees.

Essentially, orientation is both a welcome and an introduction of the new employee to the nursing home, the work environment, supervisory staff and department colleagues. The broad, general goals of an orientation program include the following:

1. To introduce individuals to the facility, its policies, procedures and personnel.
2. To acquaint new employees with the home's physical facilities.
3. To instill in employees a positive attitude of belonging in the organization.

* Material adapted from Truelove, J.W. and Linton, C.B., Hospital-Based Education, New York, NY: Arco Publishing, Inc., 1980.

4. To provide new employees with adequate instruction so they can begin the job with confidence and security.

5. To familiarize employees with their department--its functions, relationship with other departments, supervisory staff, and working colleagues.

To achieve these goals, it is extremely important that before the new employee's arrival the department supervisor inform present employees that a new person has been hired, the rationale for hiring the new person, and his or her functions within the department. This sets the stage for the new person, and helps create a positive working environment.

To ease the adjustment of a new employee:

1. Develop an employee orientation manual, which lists and explains personnel policy, hospital services, benefits and programs.

2. Announce names of new employees on departmental bulletin boards and in the facility newspaper, if there is one.

3. Organize a department "buddy system," in which established staff members serve as resource agents for new employees.

4. Develop an individualized department information packet, which contains the organizational chart for the department, new employee's job description, departmental procedures, regulations and a listing of staff members with their titles.

Before a staff member begins an inservice education program, however, he must be familiar with the facility, routine, regulations and people with whom he will work. Orientation,

like inservice education, should never be haphazard. A thorough, well-rounded orientation program will eliminate countless problems for new employees.

Skill training

Skill training ensures that all employees have basic skills. Some employees may come to the facility with previous experience and training, while others need skill training. The length and depth of skill training depends on the facility, the employee, and the trainer.

Skill training develops basic competencies for patient care and should be regarded as a vital component of new employee orientation as well as ongoing staff development. The ultimate goal of skill training is providing excellent patient care. As such, skill training should encompass all basic patient care skills needed by an employee to perform effectively and efficiently in his particular job role.

The basic steps in developing skill training are:

1. Ask. Ask the administrator, the supervisor, the employee what skills are most needed. Check the Skills Checklist*. Determine what the employee can and cannot do.

2. Check Performance. Observe the employee in an actual job role. Ask the employee to demonstrate in class.

3. Demonstrate. Wherever, whenever, demonstrate needed skills. Have ongoing training in skills where there are deficiencies. Ask supervisors to demonstrate and check. Be a good role model.

Review monitors of performance. Incident reports, financial statements, supervisory reviews, patients' comments are all informative. Never be satisfied with skills. Constantly update, review, and demonstrate. Remember these are essential basic skills.

Continuing Education

Continuing education helps employees develop new skills and increase job competency. It provides new knowledge and skills that enhance minimum job performance and encourage optimum job performance. It is an essential component of staff development and should be an ongoing, never-ending goal of the facility.

The broad, general goals of continuing education should include:

1. An update of new or changing facets of the facility--policies, procedures, and personnel.
2. Recent developments within a given field of work--new techniques, new medications.
3. Positive attitude development of employees toward the facility, its employees, its patients, and the community.
4. Personal growth and development to help employees reach full job potential.

To achieve these goals, the inservice trainer should have an ongoing, interesting program. Employees should want to attend and have the attitude that training is relevant and rewarding. The inservice trainer can foster this attitude by:

1. Before you engage an employee in any learning situation, be sure that the experience is both needed and relevant. Conduct a formal or informal needs assessment to determine specific knowledge and skill level.

2. Gain administrative and supervisory support. When the management views inservice as vital, so do the employees.

3. Always recognize and affirm the past knowledge and experiences of the employee, even if they are not directly related to the task or the learning activity.

4. Be sensitive and respectful of employees' time. If you are going to organize a session for them, start on time, prepare an agenda, and state the specific objectives of the session at the onset.

5. Help the employee see the relevance and utility of the session. Relate the experiences directly to the employee's job.

6. Reduce the fear of failure and job security by stating the specific criteria that will be used for measuring the attainment of the objectives.

7. Try to present a variety of methods that the employee can use to master the objectives, such as individual meetings with you, attending class sessions, receiving peer tutoring, or reading supplementary materials.

8. Design learning situations in which employees assume an active rather than passive roles. Use demonstrations, discussion, and role plays. Let employees be in control and learn from each other.

Leadership and Management Development

Improved education and development of supervisory personnel are becoming critical priorities in many health care settings. With increasing external pressures (legislation, labor market) and with internal pressures (grievances, employee dissatisfaction, and turnover), effective supervision and management are essential. Additionally, supervisors are often promoted to

their jobs because they are good employees or have been with the facility for a time. They may or may not have management skills.

Although you as training coordinator may not be asked to teach management development, you may be asked to coordinate or recommend outside training. The following list provides a basic overview of the concept of training (orientation skills training and staff development) and leadership and management development*.

	Training	Management Development
Purpose	Supplies specific knowledge, skills, or attitudes for the performance of specific tasks.	Supplies individuals prepared to meet facility's goals in specific positions or functions (i.e., people who have the ability to perform whole groups of tasks).
Scope	Deals with specific tasks or subject areas.	Deals with a complex of tasks, training individual for an area of responsibility.
Selection	Participants are chosen because they lack skills, knowledge, or attitudes required by job requirements (i.e., because of what they don't have).	Participants are chosen because past performance has demonstrated their potential for new responsibilities (i.e., because of what they do have).
Evaluation	Compares participant's performance to training criteria or job standards.	Evaluates the participant's performance continuously in terms of facility's goals.
Identification of need	Needs are based on present or anticipated performance of tasks.	Needs are based on organizational needs.

* Adapted from Warren, M.W., Training for Results, Reading, MA: Addison-Wesley, 1979.

Training supplies specific knowledge, skills, or attitudes needed by the facility. It is oriented to tasks. Management development prepares individuals to perform whole groups of tasks and to provide leadership to others.

With this introduction in mind, then, inservice training designed to improve the quality of patient care in nursing homes--in fact, all inservice training--would be based on these principles from the American Hospital Association:*

- all personnel must be offered the opportunity for growth, development and advancement of knowledge, understanding and skills to help them improve their on-the-job performance; inservice education provides such opportunities
- inservice education enables personnel to provide care and services which promote and maintain optimal levels of independent functioning among patient/residents
- continued improvement of the quality of inservice education serves the best interests of the nursing home, its personnel, and patient/residents
- continued improvement of the quality of inservice education requires active participation of representatives of all levels of personnel who are responsible for direct and indirect nursing home care and services
- inservice education is an integral part of the management process; the quality of inservice education practice is determined by the climate of acceptance; appreciation and support engendered by attitudes and actions of administrative and supervisory personnel at all levels of nursing home organization

* A Concept of Inservice Education in Nursing Homes, Nursing Home Trainer Program, NYM/RMP Project #20 61-70 A, United Hospital Fund of New York, December, 1972.

- the climate of acceptance and appreciation of the values of inservice education is established through such administrative action as: (a) allocating monies, time, human and other resources to the inservice education program and (b) encouraging all personnel to communicate their ideas and information about inservice education goals and processes.

A well-conducted education program, encompassing staff development, orientation, and on-the-job training, is an invaluable boon to a health care facility. In the long run, the program has the potential to save money, reduce mishaps, and increase employee satisfaction and production.

What is a teacher?

Carl Rogers stated that it is probably impossible to teach anyone anything. Rather, the role of the effective educator is to create an environment that stimulates the desire to learn. The responsibility to learn the information must be assumed by the learner. Teaching is truly an interactive process with both teachers and learners giving and receiving from one another. Teaching, like learning, is not easy; it is both an art and a science. The art is a reflection of the individual personality of the teacher and how he/she puts the different components together into a working whole. The science of teaching is reflected in the different techniques that teachers use to plan, present, and evaluate all instruction.

Teaching is based on effective decision-making--decisions regarding self, patients, learners, and the services provided.

Inservice trainers are constantly deciding on the Who, What, When, or How of instruction. They ask: What am I doing here? Who are my students? What are their learning styles? What content/skills will be taught? How will the information be presented? Where will the instruction take place? When will the instruction occur? How long will the students have to learn? How will the students be evaluated?

In the context of your role as a training coordinator, many of the critical questions may have already been decided. What will be taught has been defined in the Skills Checklist and the Basic Teaching Outlines prepared by the Texas Department of Health. Facility policy may dictate additional answers.

Let's take a careful look at your role as teacher. It is difficult to list all the qualities of a good teacher. If you assume that it is the inservice trainer's role to help employees learn and to create effective learning situations, then some of the qualities are:

1. The ability to communicate ideas. This encompasses the entire field of communicative skills --reading, writing, speaking, and listening.
2. A sound philosophy of education. This, of course, will stem from a broader philosophy of life.
3. Skill in instructional methods. This includes the ability to use the proper instructional technique at the right time.

4. An understanding of how people learn. Without this, all else is pointless.

5. Knowledge of subject matter. It is generally conceded that one who instructs should know more than those who are learning from him/her.

6. A well-integrated personality. Just as you would not knowingly expose students to an infectious disease, you would not deliberately place them under an instructor who was emotionally unstable.

7. Creative imagination. This is a quality of an outstanding instructor.

8. A real interest in people's learning.

These same qualities can also be applied to the inservice trainer's role as manager. Perhaps, though, the qualities should be stated:

1. The ability to communicate ideas.

2. A sound philosophy of management.

3. Skill in organization, recording, and monitoring.

4. An understanding of people and how they interact.

5. Knowledge of the work environment.

6. A well integrated personality.

7. Creative imagination.

8. A real interest in the nursing home and the people who work and live within it.

The point of all this is not that teachers are perfect. Rather it is that the teacher has a firm knowledge of who is the teacher, what is to be taught, and who is the learner. Teachers are leaders, and, as such, must lead.

Leader behavior can create a climate for learning. Without a positive learning climate, a teacher cannot teach, because learners will not learn. The following list illustrates a variety of positive and negative contributions of leader behavior.*

Behavior that contributes to negative climate	Behavior that contributes to positive climate
Objectives obscure or not well communicated.	Objectives clear and clearly presented.
Learners not given an opportunity to influence the objectives, voice concerns or anxieties.	Learners involved in planning --either formally or informally. Anxieties and concerns elicited, listened to, and responded to.
Leader does not keep to program and objectives	Leader keeps to program and objectives, but is open to renegotiation if appropriate.
The procedure is not in keeping with objectives, e.g., the group is told of the importance of really listening to one another, but the leader does not listen to group members.	The procedure is consistent with the objectives.
Leadership behavior unpredictable. Learners never know what is coming next.	Leadership behavior predictable.
Leader relates especially to one or two learners.	Leader's relationships evenly distributed.
Specialist or jargon language.	Language is appropriate to the level of the group. Special language is explained when it is needed.
Group decisions are acted upon.	Action taken immediately on group decisions.

* Adapted from Loughary, J.W. and Hopson, B., Producing Workshops, Seminars, and Short Courses, Chicago, IL: Follett Publishing Company, 1979.

Behavior that contributes to negative climate	Behavior that contributes to positive climate
Leaders never mix with learners. Disappear into exclusive staff groups.	Leaders distribute themselves at breaks. Staff sessions arranged for other times.
Feelings not checked out. The leader makes assumptions about how learners feel.	Feelings are checked out during and between sessions.
Silence becomes threatening and creates awkwardness.	Silence used positively for thought and reflection.
Leader never available at breaks or other times.	Leader is available outside of sessions if any group participant is experiencing special difficulties.
Co-leaders never express differences in front of the group and never discuss design changes openly.	Co-leaders discuss differences openly, thereby act as valuable role models. There has to be a high level of mutual trust and professional respect to do this. When appropriate, design changes are discussed in front of the group.
Leaders extend time of sessions and run over.	Agreed upon time is always adhered to. Any changes occur only after thorough negotiation.
Leader does not keep group to the point. Irrelevancies pursued.	Group kept to the point unless they wish strongly to do something else, in which case the contract is renegotiated.
Individuals or small groups allowed to dominate.	Participation is evenly distributed by appropriate leadership behavior and by the use of exercises that give "air time" to everyone.
Conflict buried or ignored.	Conflict brought into the open and dealt with.
Leader not alert to the dynamics of the group or skilled enough to deal with issues.	Leader has necessary observation and group management skills.
Overly serious or inappropriate humor.	Humor used to lighten the session.

Behavior that contributes to negative climate	Behavior that contributes to positive climate
No self-disclosure, so participants never know the person behind the role of leader.	Appropriate self-disclosure. The leader is seen as a real person with concerns, joys, and vulnerabilities like everyone else.
Low trust level. Learners feel the need to be defensive.	High trust level. The leader has used trust-building skills, e.g., appropriate self-disclosure, warmth, genuineness, accepting of differences, not being defensive when criticized.
Competitive attitude.	Cooperation and joint problem-solving approach. Climate set by leader's behavior.
Overcritical or attacking-type feedback.	Feedback given constructively.

At this point, you may be asking, "How can I be all these things?" The answer is that you probably can't. But you can use these lists as guides for self-improvement and as evaluation questions of your abilities as a teacher, manager, or leader.

It is essential when you ask others to learn that you learn also. Self-improvement cannot be demanded. It is a personal function. By being a role model, you can encourage learning in others.

What you need to know about learning.

"Learning" is an activity not restricted to a classroom or laboratory. The principles of learning carry over into the daily routine of each person's life. In this chapter, we will examine how people learn, and we will relate that information to the particular situation of the adult learner.

How do people learn? A person learns a given activity only by doing the activity. By "learn" we mean a change in behavior. We "learn" nothing from a lecture. To test the success of a training program, ask: Can the students do something they could not do before?

Training is not the same thing as learning. Training is merely the administrative framework for learning. Many training programs fail because:

1. Too often they are taught the way the person conducting the program was taught.
2. They do not clearly define a realistic objective at the beginning of the program.
3. They do not take into account the learning needs of the student.

To repeat, a person cannot learn to do an activity unless he does the activity to be learned. For example, a trainer cannot expect a nurse to sit in a classroom, listen to someone describe a procedure, and then be able to do it. For learning to take place, the nurse must practice the behavior in a realistic situation.

For a person to learn, he must want to learn. The learner's wants and needs must be considered in relation to the objectives of the program. If the program does not meet his needs, he will not want to learn. Techniques such as role playing, small groups, and case studies are available to involve the student in the learning process. These methods will be discussed in later chapters.

How much one learns depends upon his ability to relate what he already knows to a new situation. In other words, the degree to which a student can identify elements in a new situation to elements in a previous experience will determine his ability to learn. This principle requires individual work; each person must have the opportunity to relate the "new" to be learned to what he has already learned.

The following learning principles work together to increase motivation, the rate and degree of learning, the transfer of learning to application, and the retention of information. None of these principles exists in isolation, but contributes to the learning experience as a whole.

1. Order. Things that occur in a logical order are easier to learn than if no order exists.

2. Length and Complexity. Smaller amounts of information are easier to learn than large amounts. Teach segments first, then put together to form a whole.

3. Meaning. The more meaningful the task, the easier it is to learn. Trainers must help students see meaning in what they are learning.

4. Whole vs. part. The most efficient way for a student to learn is to work on the smallest segment of material that has meaning.

5. Vividness. Highlighting particular facts will draw attention to them.

6. Motivation. Possibly the single most important factor in learning.

7. Reinforcement. Behaviors that are reinforced are more likely to be repeated than those that are not.

8. Feeling tones. If a student has "good vibes" while learning, the learning will be more efficient.

9. Active participation. The student must be actively involved with the instructional content to learn.

10. Degree of guidance. Careful guidance by the trainer will greatly improve the efficiency of training and learning. Guidance should be withdrawn as the student gains proficiency.

11. Knowledge of results. A student must receive feedback if his performance is to improve. The more specific and immediate the feedback, the better.

12. Level of aspiration. The amount of material a student elects to learn over a period of time will vary from student to student.

13. Schedule of practice. Students should practice the smallest part that has maximum meaning and does not waste time. Emphasize performance, not arbitrary time limits.

This is barely a glimpse of learning theory. Volumes have been written in each of these areas. All of the above factors should be considered when you plan. Ask yourself the questions that relate to each point and evaluate your plan. Replan if each point has not been considered and dealt with.

Motivation (factor #6 above) is one of the key factors for learning. If the learner does not want the information, then you cannot teach. Motivation is also one of the biggest problems for inservice trainers in nursing homes. Nurses aides may not see any value in training. Supervisors can resent the time spent on training. Administrators cannot see staff improvement. These are all motivation problems.

The basic question here is: What motivates people? This question is frequently asked and constantly researched. It is a basic concern for anyone who wishes to establish and maintain effective relationships with others. It is fundamental to management and to learning.

Experts agree that there are some basic principles to motivating others. The following list* may give you some ideas.

1. Use appropriate methods of reinforcement. Reinforcement is the key to human motivation. Rewards should always be contingent on performance. Don't give too much reinforcement. Reinforcement is personal. Dispense reinforcers as soon as possible after the desired performance.

2. Eliminate unnecessary threats and punishments. Threats and punishment have a negative affect in the long run.

3. Provide people with flexibility and choice. Whenever possible, permit employees to make decisions.

4. Provide support when it is needed. Employees should be encouraged to ask for support and assistance. Asking for help should never be considered a sign of weakness; it should be considered a sign of strength.

5. Provide employees with responsibility along with their accountability. Appropriate responsibility means responsibility that is neither too high nor too low for the employee. Few people will reject accountability as long as the tasks in question are within their areas of responsibility.

6. Encourage employees to set their own goals. People tend to know their own capabilities and limitations better than anyone else. In addition, personal goal setting results in a commitment to goal accomplishment.

7. Make sure that employees are aware of how their tasks relate to personal and organizational goals. Routine work can result in passivity and boredom unless employees are aware of how these routine tasks contribute to their own development and the success of the organization. A few extra minutes of explanation can increase productivity tremendously.

* Material adapted from Spitzer, D.R., "Thirty Ways to Motivate Employees to Perform Better," Training/HRD, March, 1980, 51-56.

8. Clarify your expectations and make sure that employees understand them. Unclear expectations can result in a decrease in motivation and, ultimately, frustration. Let them know what you want them to do and how they are expected to do it.

9. Design tasks and environments to be consistent with employee needs. Although it is impossible to totally individualize working conditions, it is possible to give employees the opportunity to satisfy their own needs. Good common sense can result in effective work design.

10. Individualize your supervision. Motivation can be increased through facilitative supervision, providing the minimum amount of supervision that is required by the individual for optimal performance.

11. Provide immediate and relevant feedback that will help employees improve their performance in the future. Feedback is most effective when it follows performance. Feedback should be relevant to the task and should provide employees with clues on how they might improve their performance at the task.

12. Rocognize and help eliminate barriers to individual achievement. Many poor performers might have all the skills and motivation needed to accomplish a certain task, but they are held back by some barrier or obstacle. If this barrier is not recognized and removed, this individual might remain an underachiever indefinitely. Many people who are labeled "failures" or "incompetents" are simple being hindered by relatively minor obstacles that supervisors haven't recognized. The tragedy is that, after a while, the employee may begin to accept the "failure" label as a fact.

13. Exhibit confidence in employees. Confidence usually results in positive performance.

14. Increase the likelihood that employees will experience accomplishment. The old saw that "nothing succeeds like success" definitely appears to be true. No matter how small their contribution might appear, all employees should be given credit for their accomplishment.

15. Exhibit interest in and knowledge of each individual under your supervision. People need to feel important and personally significant. Personal knowledge of employees will provide clues as to what reinforcers can be used effectively in the future.

16. Encourage individuals to participate in making decisions that affect them. Nothing tends to inhibit motivation like a feeling of "powerlessness." Employees should be made to understand that they have control over the things that affect them.

17. Establish a climate of trust and open communication. Motivation is highest in organizations that encourage openness and trust.

18. Minimize the use of statutory powers. Rule of law is sometimes needed, but it does not encourage increased motivation. Attempts should be made to manage democratically, encouraging employee input and participation.

19. Help individuals to see the integrity, significance and relevance of their work in terms of organizational output.

20. Listen to and deal effectively with employee complaints. Often task-irrelevant problems can greatly reduce productivity when they are not dealt with. It is important to handle problems and complaints before they get blown up out of proportion.

21. Point out improvements in performance, no matter how small. This is particularly important when employees are beginning work on new tasks.

22. Demonstrate your own motivation through behavior and attitude. Nothings turns people off faster than a supervisor who preaches motivation but doesn't practice what he preaches. Modeling appropriate behavior and motivation is a very powerful tool indeed.

23. Criticize behavior, not people. Negative feedback on performance should never focus on the performer as an individual.

24. Make sure that effort pays off in results. If effort does not pay off, there will be a tendency to stop trying. To a very great extent, motivation is the effective management of effort.

25. Encourage employees to engage in novel and challenging activities. Supervisors can provide employees with opportunities to try new things and assign tasks that are increasingly more difficult (but not too difficult).

26. Anxiety is fundamental to motivation, so don't eliminate it completely. There is a common misconception that all anxiety is bad. But the truth is that moderate levels of anxiety can increase motivation. The total elimination of task anxiety can result in lethargy, while high anxiety can result in disorientation.

27. Don't believe that "liking" is always correlated with positive performance. Too often, people believe that liking something is a prerequisite for performing it well. If a task results in reward and if the results are satisfying, the task itself could be boring and distasteful.

28. Be concerned with short-term and long-term motivation. Sometimes rewards and incentives are so remote in time that their motivating impact is weakened. People should be given short-term, as well as long-term reinforcement. Conversely, people who receive only short-term reinforcement and incentives tend to fall short of optimal motivation: they lack a long-term perspective on their jobs. Effective motivational programs utilize a complementary set of short-term and long-term incentives and rewards.

Adult learning*

Malcolm Knowles is one of the foremost leaders in the field of adult education. He provides us with a number of insights into adult learning. Adults have at least four characteristics

* Knowles, M., The Modern Practice of Adult Education: Andragogy versus Pedagogy, New York, NY: Association Press, 1970.

as learners that differ from the characteristics of youth as learners (especially as typically assumed in traditional schooling).

Difference in self-concept. Youth tend to see themselves as essentially dependent persons. They enter an educational activity with the concept that their role is the more or less passive one of receiving the information adults have decided they should have.

Adults, on the other hand, tend to see themselves as responsible, self-directing, independent personalities. Adults have a deep psychological need to be treated with respect, to be perceived as having the ability to run their own lives. They tend to avoid, resist, and resent being placed in situations in which they feel they are treated like children, i.e., told what to do and what not to do, talked down to, embarrassed, punished or judged. Knowles suggests:

1. Create a climate of mutual respect, of warmth and informality, of freedom from threat and judgment, of positive regard for each person.
2. Use procedures that let the learner diagnose his own needs for learning deeply and objectively, rather than having the trainer's diagnosis of the student's needs imposed on him.
3. Involve the students in the learning process. Mutually formulate objectives and design learning activities.
4. Share responsibility with the students for actually conducting the learning activity.

5. Use procedures that let learners evaluate their own progress toward learning goals.

6. Shift the trainer's role from that of director and transmitter of learning to that of stimulator and resource for self-inquiry.

Difference in amount of experience. A typical adult enters into an educational activity with a greater volume of experience, simply by having lived longer than a typical youth. Therefore, adult learners are themselves a richer resource for learning than youth usually are; they are less dependent on the vicarious experiences of teachers, experts, and textbooks; they have a broader foundation of information on which to connect new ideas. On the other hand, they may also have more fixed habits of thought. Regarding experience, Knowles gives us the following points:

1. Emphasize experiential techniques, such as discussion, case method and simulation. Down-play such methods as lecture, assigned reading, quizzes and audio-visual presentations.

2. Examine the relationship between new concepts and the life experiences of the students.

3. Open up habit patterns with preliminary "unfreezing" activities such as feedback exercises.

Difference in readiness to learn. Youth resist learning things that are not related to their developmental tasks at each stage of growth. Adults, too, are most ready to learn those things required by the developmental tasks of their current stage of growth, be it early adulthood, middle age, or later

maturity. Knowles writes:

1. The developmental tasks of a particular group of learners provide a better guide for determining the sequence of learning activities than the logical needs of an institution or subject matter expert.

2. Motivation will be increased if ways can be found to help adults become more aware of their developmental tasks.

Developmental tasks evolve out of the changing requirements of the social roles of adulthood. For example, in the role of worker, the first developmental task is to get a job; at that point, he is ready to learn anything required to get a job, but not much else about the worker role. He is not ready to learn much about supervising others in the job until he has first mastered it himself and has entered the "getting ahead" phase.

Difference in time perspective.

Youth tend to perceive most of their learning as being for use later in life; their time perspective is one of postponed application. Their orientation to learning is that of accumulating subject-matter knowledge. Adults, on the other hand, engage in learning largely in response to pressures they feel from current life problems. They hope to get some help in dealing more adequately with situations they are experiencing now. Their time perspective is one of immediate application, and their orientation to learning is that of problem solving.

Youth tend to be subject-centered in their approach to learning; adults are problem-centered. Knowles states:

1. Units of learning that are organized around the life problems of the learners will be perceived as being more relevant than units organized by subject matter.

2. Programs based on information from the students about the problems they want help with are more likely to be effective than other programs.

3. Descriptions of learning units that are problem oriented will be perceived as being more relevant than those that are subject-oriented.

In order to aid you in comparing the familiar child-centered learning (we have all been to elementary school) to adult-centered learning, a comparative chart is included at the end of this chapter.

The following are major problems in adult learning, and some techniques for overcoming these problems:*

Anxiety. Most adults experience some anxiety in the classroom. This is often expressed as hostility, refusal to interact, or a demand for attention.

> Begin training with a "getting to know you" interchange. Introduce yourself. Mention personal facts about your background and qualifications (adults react more positively to qualified teachers). Create cohesiveness by encouraging interchange. Physical arrangements should be comfortable and promote interaction.

* Adapted from Gerontology Practitioner Training Manual: Basic Aging; Gerontology Center, the Pennsylvania State University.

Assure the group any contribution or question is welcome. Encourage participation with positive reinforcement; react to comments and questions in a positive way, e.g. "That is a good question because..." Never ignore a comment or question, no matter how trite or negative it might be.

Put yourself in the place of the students in your group. Understand they come from diverse backgrounds. Don't force a reluctant one to participate. Don't become impatient if you must repeat directions.

Do not read material. Learn facts and use a comfortable style of delivery. Be at ease, so that those you are trying to reach will also be at ease.

Memory.

Cue redundantly; make use of oral and written presentations. Write on the chalkboard as you are saying the words. Encourage note taking.

Request definitions from the group. Avoid jargon except where it is a necessary part of the instruction.

Do not do all the talking. Encourage the group to verbalize concepts.

Foster self-discovery. Encourage individual thinking and participation in the learning situation.

Illustrate concepts by sharing personal experience that can serve as an example of the idea you are trying to teach.

Encourage students to relate their experience to classroom concepts.

Whole-Part Learning.

Present the whole of the training before the parts. Summarize what the training will cover. Distribute an outline so that adults can relate each session to the outline.

Know the general objectives of the training and familiarize yourself with specific objectives for each session. Incorporate these objectives into your delivery.

Goal Orientation.

Try to understand the individual goals and experience of the trainees. Encourage them to relate concepts to their situations. If the training lacks interest or is not meeting the students' goals, they will often withdraw from the learning situation, either physically or mentally.

Lack of Motivation.

Training must hold the students' interest if they are to be motivated to learn. Encourage them to take an active role, and orient the training to their needs.

At this point, let's review. What does all this mean to you as inservice trainer? What can you do to aid learning in your nursing home?

In order to maximize your teaching experiences, build upon the positive variables that exist:

1. "Connect" with your students as adults.
2. Build upon the team spirit and relate all the instructional experiences back to the patient/residents.
3. Allow yourself to learn from your students, for they have skills and knowledge to share with you and their peers.
4. Remember, that all of your students have other responsibilities, so organize your presentation carefully and efficiently. Use their time wisely.

Simultaneously, keep the following ideas in mind when you are working with adult learners:

1. It has been a long time since some of your students have attended a class. Assume that they feel some uneasiness and insecurity. Their feelings could stop them from listening and learning new skills. It is critical that you state clearly from the onset of each class the specific objectives for the session and exactly what will be expected of them. During orientation, you may want to give each new employee a copy of the specific competencies as they appear in the Skills Checklist.

2. Remember, some of your students may have a negative "mind set" or ideas about classes, education, or even learning new ideas. They may associate your classes with past experiences that may have been based on failure. Typical thoughts that these students may have are: "This is stupid. Why do I have to be here?" "What does this have to do with my job?" "Will I lose my job if I don't do well in this class?" Tune in to those unsaid statements. Rephrase the statements positively, e.g., "How do you think this could help employees on the job?"

3. Some of your students may worry about looking foolish in front of their peers. Also, they may sense some competition with their peers. One technique to use if you sense that some of your students are fearful of competing is to involve all learners in planning and instruction.

4. Recognize and appreciate that each participant is unique and has his/her own learning style. For example, some students may prefer reading information for themselves rather than attending your sessions; they may be independent learners. Some students may learn better by discussing information with co-workers; they may be collaborative learners. Some students may be motivated to learn by sheer competition; you may have to create a "rewards" system for these students that has positive consequences for all involved. In time you will be able to sense what makes your students "tick." You will see that there are general patterns of learning styles and you will have an array of teaching methods to meet the individual needs and the needs of your facility.

ASSUMPTIONS		
	CHILD-CENTERED	ADULT-CENTERED
SELF CONCEPT	Dependent	Self-directive
EXPERIENCE	Of little or no worth	Learners are a rich resource for learning
READINESS	Biological development; social pressure	Tasks of job roles
TIME PERSPECTIVE	Postponed application in the future	Immediate application on the job
ORIENTATION TO LEARNING	Subject centered	Problem Centered

DESIGN ELEMENTS		
	CHILD-CENTERED	ADULT-CENTERED
CLIMATE	Authority oriented, formal, competitive	Mutually respectful, informal, collaborative
PLANNING	Teacher	Mutual consent
DIAGNOSIS OF NEEDS	Teacher	Self diagnosis
FORMULATION OF OBJECTIVES	Teacher	Mutual consent
STUDENT INVOLVEMENT	Passive	Active
ACTIVITIES	Transmittal techniques/ lecture/ demonstration	Experiential techniques/ practice/ simulation
EVALUATION	Teacher	Mutual re-diagnosis of needs

How do you manage a group?

The most well-prepared lesson will never reach its full potential unless the trainer can effectively manage his group of students. Group control is not manipulative or autocratic domination. Rather, it involves managing a group of students to provide an efficient atmosphere for learning.

Effective management is critical to effective instruction. Studies suggest there is a relationship between trainers who are effective classroom managers and students who achieve well and have good attitudes about learning.

No one "best" approach to classroom management and group control has been found. In this chapter, we will look at a few problems adult learners may have in the classroom, along with several suggestions for effective group control.

Each of us has a fundamental need to feel worthwhile and to belong. If a student is frustrated in fulfilling his needs in socially acceptable ways, he will behave inappropriately by seeking attention, seeking power, seeking revenge, and/or showing inadequacy or helplessness. In adult learners, these behaviors show up in a variety of ways, e.g., sleeping in class, arguing points, not listening, and asking antagonistic questions.

Problems in the classroom are also related to group interaction. Several problems pertaining to adult learning have been identified: lack of unity; ignoring established norms; negative reactions to individuals; distraction or stopping work; resistance to trainer; resistance to change in working environment.** Examples of these behaviors include taking sides, talkative behavior, ridicule of a group member, and hostile and aggressive attitudes.

In light of these potentially disruptive classroom situations, trainers need to have a good understanding of a group control and how to use it to make learning more effective.

The following methods of group control* are not the best:

1. Authoritarian. Views classroom management as controlling the student. Trainer establishes and maintains order in the classroom while he dominates students. An inhumane approach.

2. Permissive. A laissez-faire attitude prevails. Trainer maximizes student freedom by letting the students do what they want to do, when they want to do it. An unrealistic approach.

An effective trainer will want to incorporate various characteristics of effective teaching and learning into an overall picture of classroom management. The following suggestions will help the trainer increase the effectiveness of learning while controlling the group in a realistic and adult way.

1. Build interpersonal relationships.

2. Be genuine, a real person with whom the students can relate.

3. Accept the student as trustworthy. Show confidence in his ability.

4. Understand the student from his point of view. Be aware of his feelings.

5. If a difficulty comes up, talk to the situation rather than to the student's personality or character.

6. Avoid sarcasm, preaching and nagging.

7. Use appreciative praise.

8. Encourage students to express their ideas and feelings.

9. Avoid demands and commands.

10. Establish a democratic classroom through regular, frank discussions that foster mutual trust.

* Material adapted from Cooper, James et al, Classroom Teaching Skills, Lexington, MA: D.C. Heath and Company, 1977.

The following have been identified as characteristics of effective classroom management:

1. Expectations are individual predictions of how self and others will behave in a group setting. They influence the relationship between the trainer and the student. In an effective classroom, expectations are accurate, realistic, and clearly understood.

2. Leadership involves the behaviors that lead a group to its objectives. In an effective classroom, both students and trainer show leadership behaviors. Leadership functions should be well distributed, and all group members should feel self-worth in working together. Students who share leadership responsibility with the trainer are more likely to be responsible for their own behavior. The effective trainer creates a climate in which students can be leaders.

3. Attraction refers to the friendship patterns in the classroom group. The effective trainer fosters interpersonal relationships among group members.

4. Norms are shared expectations of how group members should think, feel and behave. They provide a frame of reference to guide the students' behaviors. The group regulates behavior by exerting pressure on members to adhere to the norms. The effective trainer helps the group set up productive norms.

5. Communication means the receiver correctly interprets the message the sender intends to deliver. The effective trainer opens channels of communication so all students express their thoughts and feelings freely.

6. Cohesiveness emphasizes the individual's relationship to the group as a whole. The effective trainer encourages cohesiveness through promoting the previously discussed properties, thus making group membership both attractive and satisfying.

Understanding why people behave the way they do can help make a so-so training session an effective one. Consider these common group management problems and the suggestions for their elimination:

1. Avoidance of the task. Frequently when a group dodges the main issue, something is keeping the members from real work. They may fear the size and consequences of the main problem; feel inadequate to deal with the issue; lack the desire to work hard; feel hostility toward the leader; or fear the consequences of making a decision. The trainer might suggest that members cease their flight from the major issues and discuss instead why they are avoiding the task. Members begin to take responsibility for their own behavior.

2. Members' impatience with each other. When a group is on edge, members speak more vehemently, and subtle personal attacks creep in. Possible causes include the group's dissatisfaction with itself and resentment toward the leader. The group should be urged to tackle the basic issue troubling it.

3. Ideas attacked before fully expressed. Statements frequently are attacked before the speaker has finished. Every suggestion is viewed as impractical. No one listens fully to others. Cliques are formed. If emotions are high, the leader may suggest that at least a speaker should be asked if he is finished and if he feels he has been heard. The leader may also suggest that each member, before responding to the previous member, paraphrase what the previous member said.

4. Inactive listening. Body language gives lots of clues. Members may be yawning with boredom or leaning forward intently, waiting to break in with their own contributions. Facial expressions may signal danger. Trainers may find out that when they are actively listening, other members of the group will follow suit.

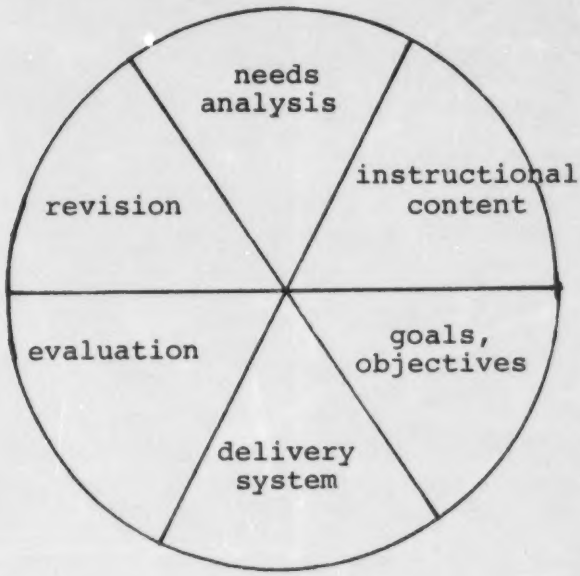
Planning – is it important?

Thorough planning is no guarantee that a ho-hum training session will metamorphose into a stimulating one, but it will give the trainer a direction and an outline that could spell the difference between being boring or being beneficial. Planning is, in short, the essential skill in training because it incorporates all areas--from developing behavioral objectives, to assessing students' needs, to evaluating course material.

Some trainers look upon planning as drudgery. Others view it as a teaching aid and an invaluable organizational boon. In the next few chapters, we will look at the advantages of planning and the ways it can be used to improve the effectiveness of a trainer's presentation of a lesson.

Teaching is like a giant crossword puzzle. With time, trial and error, and patience, the major pieces fit together to form

a whole. There are many training models. Most of them have the same essential elements. We like to view these steps of planning and training as circular and never ending.



Needs analysis is the process which enables the trainer to determine where performance discrepancies exist. The process of needs analysis is detailed in Chapter 7. Basically, this process can be represented by the formula:

Desired level of performance	-	Actual performance	=	Training needed

The next step is determining instructional content. The trainer must decide what knowledge, skills, and attitudes employees must acquire in order to perform their jobs according

to minimum standards. This process can best be accomplished in one of the following ways.*

1. Reviewing job descriptions.
2. Discussing the problem with appropriate department head(s) and employees.
3. Reading pertinent literature related to the problem.
4. Observing employees--when feasible--who have the training need.
5. Having employees--when feasible--keep a diary of their job activities.

The next step in the process is to write the goals and objectives for the training. This process is essential. Chapter 8 details how to write objectives.

The next step is to decide on the instructional delivery system. There are many methods for conveying content to learners. Chapters 9-15 describe many of these methods.

Next, a trainer must evaluate his program. Evaluation of learning is an essential key to planning (Chapter 16). It tells you if you have indeed achieved your goals. At this point the inservice trainer will want to either continue the programs as they are, discontinue the program and start over, or revise the program by keeping what works and redoing what doesn't work.

* Truelove, J.W. and Linton, C.B., Hospital-Based Education, New York, NY: Arco Publishing, Inc., 1980.

Planning for teaching is a flexible process. There is an interdependence among the parts. Decisions relating to one part can and will affect the others. Ideally you should start with the needs analysis (Chapter 7) but in reality you may not be able to. Start with whatever element you can and move backwards and forwards until you have considered all the elements. Then rework, revise. Planning for teaching is a constant process.

The remainder of this chapter contains several areas of consideration in planning. They are not necessarily in order but they are considerations and concerns which must be thought through during the planning phase. First let's look at plans.*

Plans are not made to be broken--just revised. One argument that some teachers give for not writing lesson plans is that they want to feel free to react spontaneously as instructional opportunities come up. The results of a California study show, however, that few teachers actually made drastic changes in their planned lessons once they were underway, regardless of whether the original plans were written out in detail or mental notes. Teachers did make adjustments in their plans--mostly small procedural refinements.

* Material adapted from Cooper, J.M., et al, Classroom Teaching Skills: A Handbook, Lexington, MA: D.C. Heath and Company, 1977.

Good plans are often shared. Many plans are available in curriculum guidelines and prepared materials. (The resource list at the end of this manual provides several sources.) There is value in looking back at good plans used previously. Teachers say good plans could and should be reused, but that doesn't mean a lesson should be repeated in its original form.

Do planners make better teachers? The California study mentioned earlier looked for relationships between the kinds of planning teachers did and the average amount of learning their students achieved in special two-week units. No simple relationships were found. We do not know what a <u>better</u> plan is, in terms of student learning, except for the fact that teachers whose students learned more made fewer general statements in their lesson plans. That is, their statements tended to be specific.

The process of planning begins when a teacher or trainer determines what major ideas or dimensions he wishes to emphasize over a selected period of time.* All available instructional materials should be gathered and reviewed at this time. Relying on a single text or reference is not a good idea; it makes the trainer and students slaves to a single frame of reference.

* Material adapted from Hoover, K.H., <u>College Teaching Today: A Handbook for Postsecondary Instruction</u>, Boston: Allyn & Bacon, Inc., 1980.

Once the trainer comes up with several broad ideas or concepts for the training session, he should give students a chance to review those concepts and offer suggestions. Involving the students in this phase of planning can motivate them to learn.

From these general concepts evolves a teaching unit--a specific plan of action for the learning sessions. A content outline is helpful here; it should be detailed enough to indicate points of emphasis. The trainer can use this outline as the basis for developing learning objectives.

The plan should be written down. The best plan is one that everyone can see and follow. Two lesson plans are included at the end of this chapter to help you develop a system of writing your plans.

Advantages

Planning can help in these ways:

1. Provides a basic course structure around which specific class activities can be organized.
2. Trainer can integrate the basic course concepts into various teaching experiences.
3. Lets the trainer take a long range look at the learning sessions and develop priorities in advance.
4. Best technique for breaking teachers away from traditional textbook teaching.
5. Learning will be more effective when behavioral outcomes are emphasized.

Limitations

The results of too much planning can be that:

1. A teacher may become a slave to his plans.
2. Excessive planning may promote an authoritarian classroom situation.
3. It may ignore the changing needs of students.
4. It may become a mere outline of textbook materials.
5. It takes time and is usually impractical to plan more than a few days in advance of the lesson.

In summary, planning decisions will be both simple and complex, both long-range and short-term. But the basic points remain the same:

1. Make the learner an active participant in the teaching-learning experiences.
2. Provide explicit directions for all learning experiences.
3. Proceed from simple to complex activities.
4. Assess the learner's prior knowledge (pretest when applicable).
5. Show relevancy of learning to the job situation.
6. Incorporate frequent practice sessions as part of the learning activities.
7. Utilize a variety of the individual's senses in learning activities (seeing, doing, hearing, speaking, writing, etc.)
8. Start from where the learner is--educationally and experientially--and proceed accordingly.
9. Monitor the learner's progress and provide him or her with immediate feedback.
10. Utilize appropriate teaching methods and media for maximum instructional effectiveness.

SAMPLE LESSON PLAN

COURSE: Orientation to Patient Care CLASS: Taking Temperatures TIME: 1 hour

FACILITY: Inservice classroom MEDIA: Large thermometer chart, inservice dummy

EQUIPMENT: Thermometers (oral/rectal), cotton, alcohol, pencils, paper

OBJECTIVES	CONTENT	LEARNING ACTIVITIES	EVALUATION
Students will be able to choose correct type of thermometer (oral/rectal).	Importance of temperature: when, where, why, how	State objectives; short lecture and demonstration	5-item paper test
Students will be able to demonstrate proper care of thermometer.	Procedure for care: storage, handling, cleaning	Demonstration	Student demonstration
Students will be able to take oral temperature, using correct procedures.	Procedure for oral temperature	Demonstration (student volunteer)	Student demonstration, using another student
Students will be able to take rectal temperature, using correct procedures.	Procedure for rectal temperature	Demonstration (dummy)	Student demonstration, using dummy
Students will be able to record temperature correctly.	Procedure for recording	Lecture (thermometer chart)	10-item paper test

How do you do a needs assessment?

Needs analysis is a process of defining the desired outcomes of a training program. It is a logical problem solving tool used to specify what the content of training should be and what trainees should be able to do.

The basic question of a needs analysis is: Does the employee know how to meet the performance standards for the job he is to perform? If the answer to the question is yes, then no training is needed. However, if the answer is no, then training is needed.

Sometimes the answer to the question is yes, but the employee, for a variety of reasons, does not perform his job. This is not a training problem; it is a management problem. Inservice may help to alleviate these kinds of problems with programs dealing with feelings and management/employee relations, but inservice alone cannot solve it.

Training needs were defined in the chapter on planning as:

desired performance	-	actual performance	=	training need

This is a basic discrepancy model. The first step is to identify the desired levels of employee performance. This can be accomplished in a variety of ways. The second step is to measure actual performance. If there is a difference between the desired level and the actual level, then adjustments in performance must be made.

Once it is agreed that there is a discrepancy between existing performance and desired performance, there are several ways of reducing the discrepancy. These are*:

1. Training people. Those involved learn new behaviors, skills, and attitudes, and change ones that exist.
2. Changing environmental conditions. Rearrange materials or equipment, relocate, acquire different systems, change personnel.
3. Redefining values. Change expectations, goals, policies, or priorities, so that existing conditions fall within tolerances.

Training is not always the best solution. It must be determined that training can solve the problem before the inservice trainer continues through the planning steps. Let's look at an example.

* Loughary, J.W. and Hopson, B., Producing Workshops, Seminars, Short Courses: A Trainer's Handbook, Chicago: Follett Publishing Co., 1979.

The Director of Nurses has been able to persuade the Administrator of a nursing home that the ratio of aides to patients on the afternoon shift needs to be increased. This will enable the schedule of patient care activities (e.g., baths) to be more flexible. That is, it will no longer be necessary for the 7-3 shift to complete all the routine patient care now required. This has worked well for the morning shift, since they were continually overloaded and unable to complete assigned duties. It also fits well with the Social Activities Director's schedule, since some of the morning hours could not be utilized for patient activities. There have been many complaints from the enlarged afternoon shift, however, that patients' naps and favorite television programs, plus regular bedtime routines, still prohibit absorbing the extra duties assigned. (The afternoon aides perceive these extra duties as unnecessarily time consuming and burdensome.) Relatives, too, have been objecting to finding patients involved in care procedures at hours when they prefer to visit.

The solutions to this problem may be:

1. Training people. The afternoon aides may need to review certain patient care activities that they have not been previously responsible for.

2. Changing environmental conditions: Some re-scheduling of staff has occurred and the greater flexibility in patient care activities has resulted in more effective use of the facilities, i.e., fewer residents being bathed in one time span. Therefore, bathing is more relaxed and can be a pleasurable activity.

3. Redefining values. Training will include attitudinal material aimed at emphasizing that excellent patient care is the goal of the facility and should be flexible to meet the needs of patients, not those of staff and family.

This problem, then, can be solved through training. The training director can schedule a program which may include (a) review and practice of patient care activities, and/or (b) a simulation of patient care activities in which emphasis is placed on the patients' social and psychological needs.

Once it has been decided that a training need does exist, the trainer should look at the level of need. There are various levels of training needs. Micro needs involve only one person. Macro needs are organization-wide training needs. Macro training needs are high priority needs that demand continuous priority. They can be established within an on-going, continuous system and, in many ways, run themselves. Micro needs are individual needs. They are ones that may be dealt with in one session on a one-to-one basis.

For example, a nurse on wing two may notice one of the aides lifting and transferring patients incorrectly. As inservice trainer, you would demonstrate the correct procedure to that aide and follow through with review and practice until the aide could perform the procedures correctly. This would be a micro training. Orientation is a macro training need, because all employees need to be acquainted with the policies

and procedures of the facility. Orientation can be structured to instruct all new employees within a given time period (perhaps every two weeks) about the policies.

Measurement is curcial in the needs analysis process. Measurement can be used to determine both desired level of employee performance and current level of performance. All measurement is gathering data. Basically, measurement is the observation of behavior on a formal or an informal basis.

Data concerning training needs can come from a variety of sources. Some of these sources are:

- promotions
- transfers
- appraisals
- accidents
- quality control
- grievances
- new positions
- special assignments
- job descriptions
- cross-qualification of employees
- new equipment
- new procedures
- changes in regulations, standards
- new policies
- key requests, reports
- supervisors
- employees
- residents
- families
- new trends in the nursing home field

The trainer can also use a variety of methods for measuring. Some of these methods are interviews, questionnaires, job analysis, records and reports, tests, and group analysis procedures. The chart on the following page lists some of the advantages and disadvantages of these methods.

METHODS OF DETERMINING NEEDS

METHOD	ADVANTAGES	LIMITATIONS	DO'S AND DONT'S
Interview	Reveals feelings, causes and possible solutions of problems as well as facts. Afford maximum opportunity for free expression of opinion, giving of suggestions.	Is time-consuming, so can reach relatively few people. Results may be difficult to quantify. Can make subject feel he is "on the spot."	Pretest and revise interview questions as needed. Be sure interviewer can and does listen, doesn't judge responses. Do not use to interpret, sell, or educate.
Questionnaire	Can reach many people in short time. Is relatively inexpensive. Gives opportunity of expression without fear or embarrassment. Yields data easily summarized and reported.	Little provision for free expression of unanticipated responses. May be difficult to construct. Has limited effectiveness in getting at causes of problems and possible solutions.	Pretest and revise questions and form as needed. Offer and safeguard anonymity. Use only if prepared to report findings (both favorable and unfavorable) and do something about them.

(continued)

METHOD	ADVANTAGES	LIMITATIONS	DO'S AND DONT'S
Job Analysis and Performance Review	Produces specific and precise information about jobs, performance. Is directly tied to actual jobs and to on-the-job performance. Breaks job into segments manageable both for training and for appraisal purposes.	Time-consuming. Difficult for people not specifically trained in job analysis techniques. Supervisors often dislike reviewing employees' inadequacies with them personally. Reveals training needs of individuals but not those based on needs of organization.	Brush up on job analysis techniques; arrange special training for those who are to do it. Be sure analysis is of current job and current performance. Review with employees both analysis of job, and appraisal of performance.
Records and Reports Study	Provide excellent clues to trouble spots. Provide best objective evidence of results of problems. Are usually of concern to and easily understood by operating officials.	Do not show causes of problems, or possible solutions. May not provide enough cases (e.g., grievances) to be meaningful. May not reflect current situation, recent changes.	Use as checks and clues, in combination with other methods.

(continued)

METHOD	ADVANTAGES	LIMITATIONS	DO'S AND DONT'S
Tests	Are useful as diagnostic tools to identify specific areas of deficiencies. Helpful in selecting from among potential trainees those who can most profitably be trained. Results are easy to compare and report.	Tests validated for many specific situations often not available. Tests validated elsewhere may prove invalid in new situations. Results give clues, are not conclusive. Tests are second-best evidence in relation to job performance.	Know what test measures. Be sure it is worth measuring here. Apply results only to factors for which test is good. Don't use tests to take blame for difficult or unpopular decisions which management should make.
Group Problem Analysis	Same as for interview, plus: Permits synthesis of different viewpoints. Promotes general understanding and agreement. Builds support for needed training. Is in itself good training.	Is time-consuming and initially expensive. Supervisors and executives may feel too busy to participate, want work done for them. Results may be difficult to quantify.	Do not promise or expect quick results. Start with problem known to be of concern to group. Identify all problems of significant concern to group. Let group make own analysis, set own priorities.

Let's look at an example of a needs analysis questionnaire:

Directions: Please rate each of your aides on the following tasks.

Task	Performs very well 1	2	3	4	Performs poorly 5
1. Choose correct type of thermometer (rectal/oral).	—	—	—	—	—
2. Observe proper care of thermometer.	—	—	—	—	—
3. Take an oral temperature, using correct procedures.	—	—	—	—	—
4. Take a rectal temperature, using correct procedures.	—	—	—	—	—
5. Record temperature correctly.	—	—	—	—	—

The head nurse on one of the wings rated twelve of her aides in the following manner:

Tasks	Number of responses 1	2	3	4	5
1. Choose correct type of thermometer (rectal/oral).	10	2	0	0	0
2. Observe proper care of thermometer.	9	3	0	0	0
3. Take an oral temperature, using correct procedures.	12	0	0	0	0
4. Take a rectal temperature, using correct procedures.	6	3	3	0	0
5. Record temperature correctly.	4	3	2	3	0

Now, what does this mean for the inservice trainer? Obviously, tasks 1, 2, and 3 are being performed well. Task 4 could use some review during the next inservice. Task 5 is a high priority. Training on recording temperatures correctly needs to be implemented immediately.

In summary, needs analysis is an essential part of the planning process. Through needs analysis, the trainer can determine who needs training, what level of training is needed, and what the content of the training should include.

What is the importance of writing objectives?

A teaching plan that does not focus on one or more instructional objectives is, at best, directionless. Without a specific goal or objective in mind, a trainer will find himself leading students up one educational road and down the next, accomplishing little and educating few.

According to Robert F. Mager, an objective is "an intent communicated by a statement describing a proposed change in a learner; it is a statement of what the learner is to be like when he has successfully completed a learning experience."

The following are examples of acceptable learning objectives:

> By the end of the training period, the learner will be able to write three examples of how to communicate with residents who need reality orientation therapy.

After hearing the lecture on changes in visual processes and aging, the learner will be able to list the changes that occur.

The student will be able to complete a client intake assessment from a taped interview. The lower limit of acceptable performance will be 38 items answered correctly within an examination period of 90 minutes.

The student will be able to write a description of the steps involved in taking vital signs.

The student must be able to correctly name each department within the facility and state the basic function of each.

Objectives, therefore, should reflect what the student will do rather than what the teacher will do.

Although deciding and writing behavioral objectives can be a chore, the benefits are many:

Objectives form the framework for any instructional program built on a competency base, i.e., where mastery of learning is the desired outcome.

Objectives inform learners of what will be required of them.

Objectives help the planner to think in specific terms, and to organize and sequence the subject matter.

Objectives indicate the type and extent of activities that are required for successfully carrying out the learning.

Objectives provide a basis for evaluating both the learning and the effectiveness of the program.

Objectives provide the best means for communicating to others what is to be taught and learned.

In other words, a written objective describes a pattern of behavior--it can be knowledge, degree of competence, or a change in behavior--that the learner will achieve by participating in the program. An objective motivates the student to learn.

Learning requires active effort by the learner. Thus, all objectives must be stated in terms of activities that will best promote learning. They must also be stated in measurable terms.

Objectives are not course descriptions; rather, they define a desired outcome of a course. Objectives define goals, not processes. Consider these two examples:

1. To be able to perform the technique of cardio-pulmonary resuscitation by the end of the course.
2. To understand the principles of cardio-pulmonary resuscitation and to know when to administer it.

The first example is an objective. It defines a measurable ability the student should achieve. The second example is too vague to be an objective. While many students may understand the principles of cardio-pulmonary resuscitation, not every student is guaranteed the ability to perform it unless the trainer specifically states that result in an objective.

To assist the trainer in developing learning objectives, or in evaluating objectives prepared by others, the following key points have been adapted from Mager's book, Preparing Instructional Objectives.*

INSTRUCTIONAL OBJECTIVES

An instructional objective is a statement that describes an intended outcome of instruction rather than a description or summary of content.

One characteristic of a usefully stated objective is that it is stated in behavioral, or performance, terms that describe what the learner will be doing when he demonstrates his achievement of the objective.

An objective is meaningful to the extent that it communicates an instructional intent to its reader, and does so to the degree that it describes or defines the terminal behavior expected of the learner.

Terminal behavior is defined by: (a) identifying and naming the observable act that will be accepted as evidence that the learner has achieved the objective; (b) describing the conditions (givens, restrictions) necessary to exclude acts that will not be accepted as evidence that the learner has achieved the objective.

The statement of objectives for an entire program of instruction will consist of several specific statements--not one broad, encompassing statement.

The objective that is most usefully stated is one that best communicates the instructional intent of the person selecting the objective.

* Mager, R.F. Preparing Instructional Objectives (2nd ed.). Palo Alto, CA: Fearon-Pitman Publishers, Inc., 1975.

A statement of instructional objectives is a collection of words or symbols describing one of your educational goals or intents. Educational intents are outlined in the lesson plan developed in the preceding section.

An objective will communicate your intent to the degree you have described what the learner will be doing when demonstrating his achievement and how you will know when he is doing it. After writing objectives, always check to see that it reflects what the student will be doing, rather than what the trainer will do.

To describe terminal behavior (what the learner will be doing):

Identify and name the overall behavior act.

Define the important conditions under which the behavior is to occur (e.g., time limit).

Define the criterion of acceptable performance (e.g., student must solve 16 of 20 problems correctly).

Write a separate statement for each objective; the more statements you have, the better chance you will have of making your intent clear.

The next step is to give each learner a copy of the objectives. Once you acquaint the learner with the objectives, he/she can participate in the learning in a responsible fashion. Knowing what is expected in the learning situation, learners can monitor their own progress and request clarification, repe-

tition, or review of material in line with stated objectives. In this manner, the learner becomes responsible for his/her own learning.

Now that we have a brief description of instructional objectives, let's look at how you--as a nursing home training coordinator--can use them in planning your programs.

Suppose you are developing an inservice for nurse aides in appropriate methods for taking patients' vital signs. Remember, your instructional objectives should describe your educational intents (goals). In this case, you intent is to teach aides techniques for taking vital signs, including oral temperature, rectal temperature, pulse, respiration, and blook pressure. Since objectives should describe what the learner will be doing when demonstrating his/her achievement of this goal, you will need to describe such behavior. As previously mentioned, the description will need to be in terms of (1) the behavior itself, (2) the conditions under which the behavior is to occur, and (3) the criterion of acceptance of the behavior. In the following examples of objectives, each of these three parts is identified.

> By the end of this inservice training (#2--condition), aides will be able to demonstrate the correct method (#3--criterion of acceptance) of taking oral temperature (#1--terminal behavior).
>
> By the end of this inservice training (#2), aides will be able to write three valid reasons (#3) for using a rectal thermometer instead of an oral thermometer (#1).

After watching a demonstration on how to take the pulse rate (#2), aides will be able to write instructions (#3) for this procedure (#1).

After watching a demonstration on how to take respiration rate (#2), aides will be able to identify the respiration rate (#1) of three persons (#3).

After three trials (#2), the aide will be able to demonstrate taking another person's blood pressure (#1), correctly describing the process involved (#3).

Given a sample of vital signs (#2), the aide will be able to record the information (#1) in proper form in the TPR notebook (#3).

These examples are simply suggestions designed for purposes of illustrating how to construct educational objectives; they may not be appropriate for your particular inservice. However, the behavior of aides completing the training has been described (all #1 phrases), the conditions under which it will occur have been stipulated (all #2 phrases), and the acceptable levels of performance have been identified (all #3 phrases). Evaluation of their achievement of these objectives will indicate how well you reached your goal of teaching techniques for obtaining vital signs.

Briefly, then, an instructional objective is a clear statement describing a proposed change in a learner. Objectives provide the trainer with a sound basis for planning instructional and evaluation procedure. Objectives provide the learner with the knowledge of what is to be learned. Objectives are the roadmaps of learn

Now take a few minutes to write some objectives for your own training. The following checklist will help evaluate your objectives. Each of the questions should be carefully considered.

		Yes	No
1	Does each objective specify a single key result to be accomplished?	_____	_____
2	Does each objective specify learner change, not teacher process?	_____	_____
3	Is each objective stated so that it is independent of other objectives?	_____	_____
4	Is the objective stated in terms of the desired outcome rather than the process?	_____	_____
5	Does the objective include only the who, what, and when, omitting the why and how?	_____	_____
6	Is the objective specific and quantitative--measurable and verifiable?	_____	_____
7	Is the objective readily understood and communicable?	_____	_____
8	Is the objective realistic and attainable?	_____	_____
9	Does the objective's outcome represent a reasonable challenge for the learner?	_____	_____
10	Is there clarity as to the type of outcome the objective is stating, e.g., knowledge, utilization, skill, attitude?	_____	_____
11	Does the objective correspond to the overall intent or goals of the training?	_____	_____
12	Is the objective clear enough that activities can be designed to meet it?	_____	_____
13	Is the objective clear enough that the trainer and trainee will know when and to what degree it is attained?	_____	_____

	Yes	No
14 Are the trainees informed of the objectives?	____	____
15 Are there sufficient objectives to adequately fulfill the goal?	____	____

When you can answer "yes" to each of the above questions, you are ready to move on to the next phase of planning and presenting your training programs. You, as trainer, must now decide the most efficient and effective methods of fulfilling your goals and objectives.

Are lecture and demonstration the best methods?

Of all the teaching methods available to trainers, lecture and demonstration are two of the most successful and frequently used. They can also be the two least successful and abused methods.

Lecture and demonstration are economical methods of training because they allow the trainer to present information or demonstrate skills to many people at once. This issue of economy is important. A one-time lecture or demonstration to a group of students in one room is less expensive and more efficient than a method that involves many groups in several rooms at different times.

The trainer should consider the method seriously, however, before adopting lecture or demonstration. Each teaching method has limitations as well as advantages. A trainer

should make certain his goal for a particular session is well suited to a lecture or demonstration rather than to another method of instruction before deciding to use these techniques. Too often trainers use lecture and demonstration because they have not explored other possible methods of presentation, because they have always presented the material using these approaches, or because they themselves were trained through lecture and demonstration.

The following guides are included in order that you as a trainer can make an informed decision to accomplish your training objectives through lecture and demonstration.

LECTURE

The trainer who chooses to lecture will get his message across to his audience by:

Providing a frame of reference, an overview of the material to be covered.

Transmitting information in an organized and concise manner.

Providing a large amount of information in a short period of time to a large audience.

Providing information in a listening format.

Advantages

Some of the advantages of using the lecture technique are:

1. Opinions and information can be presented to large numbers of people in short periods of time, with minimum cost or delay.

2. Information can be transmitted to people who cannot read.

3. Educational aids, such as films and charts, can be easily incorporated into the lecture.

4. Speakers can present up-to-date information not otherwise available--such as works in progress and recent research.

Limitations

However, as with anything, there are some limitations to lecturing. These are:

1. Only one person's ideas are presented, often resulting in a rather limited scope.

2. The lecture provides only a low level of stimulation for the learners; the audience has no opportunity for verbal participation.

3. Facts may be inaccurate or distorted by a careless or poorly prepared speaker.

4. The speaker will have difficulty making provisions for differences in his audience's backgrounds and learning styles. Speakers generally present material to only one level of audience.

5. Speakers may be more concerned about their own performance than the audience's grasp of the material.

6. Learners can become tired or bored if the speaker goes on too long, talks on an inappropriate level, or does not have a pleasant manner of speaking.

Preparing for the lecture

Once you have decided to use the lecture method, you should carefully prepare. A lecture can add up to nothing more than wasted time if it is not thoroughly researched and

planned. Remember to check the following points to ensure an effective lecture:

1. List the objectives and make clear decisions as to the purpose of the lecture.

2. Think of the lecture in the context of what information has come before and what will follow. Become familiar with the material to be presented in relation to what the students already know.

3. Carefully research the information to be presented. Make notes of any new information to be included, as well as any specific facts or figures.

4. Research the audience. Find out their educational level, backgrounds and interests. Choose a vocabulary compatible with theirs.

5. Coordinate the scope and sequence of the lecture.

6. Prepare brief notes and become familiar with them. Also, prepare media, such as tapes and filmstrips, well in advance. A variety of media makes for a diverse and more interesting lecture.

7. Remember any time limitation, and plan the lecture to fit the allotted time. Be sure to allow time for a question period.

8. Schedule the facility and equipment in advance, and learn to operate the equipment yourself. Be sure all students can see and hear the lecturer.

Presenting the lecture

Along with careful planning, an effective lecturer will consider a succinct and smooth presentation essential to reaching his objectives. The lecturer must not only transmit information to his audience, but also motivate his listeners to further study.

1. Grab the attention of the audience by using humor, illustrations and personal examples. Clarify the objectives for the audience. Students will listen more attentively if they know the goal the trainer is aiming for.

2. Offer an outline for the audience to follow. Place the lecture topic in the context of what the audience already knows. Give the students a focus for their attention.

3. Pace the presentation to suit both the objectives of the lecture and comprehensive ability of the students. Be sure to allow plenty of time for note-taking.

4. Avoid monotonous and pompous presentations. Invite questions--students learn better when they are actively involved.

5. Review the main points at the end. Summarize the lecture briefly.

Your introduction to the lecture can serve such functions as establishing rapport with learners and gaining their attention. You should be able to make reasonable assumptions about what is relevant to their interests and to provide motivational cues. Your introduction should also expose essential content in a preliminary way, using advance organizers and reminding learners of related ideas they already know. It should also give the learners your objectives for the presentation.

In the body of your lecture, you should cover the content, using a logical organization. You should make the organization clear and explicit by using patterns, explaining links, verbal markers of importance, and perhaps some structural supports. To maintain attention during the lecture, you can vary the

stimuli and change communication channels. Physical activity--letting learners move around the room--also helps hold attention. Your enthusiasm in all its many forms is almost sure to help your learners learn more. Inserting questions into the lecture also has been shown to have good effects.

Finally, the conclusion of your lecture should summarize what your learners should now know and be able to do. The trainer's expressing thanks for the audience's attention has been found to be related to greater learning. Asking questions will give you a final opportunity to clarify certain points. You can finish by reviewing how this lecture is related to previous and subsequent learning and how the material presented can be used within the learners' job roles.

DEMONSTRATION

Demonstrations help to translate knowledge or theory into teaching practice. The carefully prepared demonstration, accompanied by oral and visual explanation, is an efficient way to teach a procedure or technique to a group of participants.

Most demonstrations allow time for the participants to practice the new procedure under expert guidance of the trainer. Learning will increase, because the students are able to listen as well as do and see.

Advantages

Some of the advantages of giving a demonstration are:

1. A procedure or skill can be clarified more easily with this method than can be done verbally.
2. Learning is enhanced through clear, vivid demonstration of a procedure's steps and key points.
3. The student has practice opportunities under the guidance of the trainer. Errors can be corrected immediately.

Limitations

The limitations of demonstrations are:

1. The group may be too large for all to practice what they have seen demonstrated.
2. Only practical--not abstract--areas of teaching can be demonstrated.
3. It may be difficult for all students to see and hear the demonstration.
4. A poorly performed demonstration may bring about unfavorable reactions from the audience.

Preparing for the demonstration

As with the lecture, an informative demonstration is inefficient without proper planning and research. The demonstration is most effective when every detail is planned, precise, and smooth. Trainers should incorporate the steps previously outlined in "Preparing a lecture" together with these:

1. Concentrate on a specific goal or purpose for the demonstration. Focus on the skill the students should be able to perform after the demonstration.

2. Gather tools and equipment before the demonstration. Check to be sure they are working properly. Determine the best arrangement of the equipment within the facility so that students can see the demonstration.

3. Rehearse the demonstration; get familiar with the equipment and arrange for back-up equipment in case something fails.

4. Plan for student practice.

5. Consider using assistants, mirrors, or television to increase the visibility and effectiveness of the demonstration.

6. Produce handouts or assignments well in advance.

Presenting the demonstration

The trainer's first consideration when presenting a demonstration is to let the students know exactly what he will be demonstrating. This introduction to the demonstration prepares the students, sets a mood and motivates the learners to pay close attention.

Relating the lesson to the context of the previous and future knowledge of the students sets a base of understanding. Stating the objectives of the lesson lets students know what they will have to perform after the demonstration. Trainers should incorporate the steps previously outlined in "Presenting a lecture" along with these:

1. State general health and safety rules at the beginning of the demonstration; repeat as needed.

2. Tell exactly what you are going to do before each step. Explain what you are doing and why the technique is used.

3. At the end of each major step, check to be sure the students understand the technique.

4. Position yourself so that the students can see and hear clearly.

5. Alert the students beforehand to a particularly difficult step.

6. Summarize the steps at the completion of the demonstration.

7. If the students are to practice the newly learned information, supervise their demonstration and correct errors immediately.

Demonstrations should follow the same format as lectures: introduction, body, and summary. They should also include practice, reinformcement, and learner evaluation. Oftentimes, a good demonstration followed by adequate learner practice can be more effective than several lectures.

As a trainer, you should consider the lecture and demonstration carefully. If teaching without objectives is directionless, then using an inefficient presentation mode is functionless.

Once you have decided to use lecture or demonstration, the next step is to prepare the content. Regardless of whether you choose to lecture (to simply present information verbally to group of students) or to demonstrate some new skill or technique, the first priority is to be both well informed and carefully prepared about the topic.

Preparing for lecturing and demonstrating calls for your making some decisions about audiovisual media in advance. One of the following chapters contains some pointers concerning media. It also requires taking a look at your own motivation and how much time you can devote to preparation. It may be more efficient to utilize a more informed person on the facility's staff than to research a new topic. For example, the dietician might give a lecture on nutrition, or the activity director might give a demonstration on reality orientation methods. As training coordinator, you can help the lecturer plan the objectives, assist in locating media, resources, equipment, and ensure that the presentation fits within the overall training goals. The following checklist is provided to ensure that adequate planning has been accomplished.

		Yes	No
1	Have I formulated concise objectives?	_____	_____
2	Am I thoroughly familiar with the subject matter?	_____	_____
3	Can I present the information in an organized way?	_____	_____
4	Am I inspiring interest in the content?	_____	_____
5	Am I relating the information to a context of knowledge?	_____	_____
6	Does my introduction contain the outline and objectives?	_____	_____
7	Does the body of the lecture follow the outline?	_____	_____
8	Have I paced the content well and varied the pacing?	_____	_____

	Yes	No
9 Do I summarize?	_____	_____
10 Have I researched the audience?	_____	_____
11 Have I determined the scope of the topic?	_____	_____
12 Have I prepared brief notes?	_____	_____
13 Have I prepared films and tapes to accompany the topic?	_____	_____
14 Have I allotted time for questions and student practice?	_____	_____
15 Have I scheduled the facility and equipment in advance?	_____	_____
16 Have I rehearsed the demonstration?	_____	_____
17 Have I produced handouts or assignments?	_____	_____
18 Am I sure all students can hear and see?	_____	_____

If you can answer "yes" to all these questions, then your next lecture or demonstration should produce excellent learner results.

Finally, what about your audience? An uncomfortable or uninformed audience will not be receptive to a speaker's message or demonstration. If possible, the trainer should prepare the learners by handing out appropriate materials beforehand. This allows them to be familiar with the lecture or demonstration topic before the program begins. Make sure all in the audience can see and hear the speaker. Keep the room temperature at a comfortable level. Choose a room appropriate to the number of people and the character of the lecture or demonstration.

Small group discussions – what do they accomplish?

Statistics tell us more people lose their jobs because of an inability to get along with people than because of a lack of skill or knowledge.

One solution to that problem is found in the small group discussion--a training technique that helps people become aware of each other.

Trainers who employ this method are not only helping students learn information, but are also helping students get along with each other and learn to work together. These skills will pay off immeasurably in their futures. As society demands more people with human relations skills, trainers must take on the responsibility of helping students incorporate those skills into their working routines.

A small group discussion has the potential of being the most exciting teaching technique available. Students participate, share, and brainstorm to form decisions and opinions. The student becomes actively involved in the learning process, and the teacher moves from a position as dispenser of facts to facilitator of learning.

Central to the small group is the concept of discussion, or group deliberation focused on finding a cooperative solution to a problem or issue. Participants must be good listeners as well as speakers, for no discussion is a one-way undertaking. The purpose of a small group discussion is to help the student clarify his point of view while he finds out what others think and re-evaluates his opinions.

The teacher in this situation creates an atmosphere for self-directed learning. He relinquishes his role as the center of attention and becomes an associate in the learning process.

A good discussion topic interests the participants and suggests different points of view. The small group discussion technique is best used to encourage people to become aware of problems in their institution, to develop a nucleus of leadership, to identify and solve problems and to decide on plans of action.

Advantages

The advantages of using a small group discussion in training are:

1. Combines active participation and intellectual exercise.
2. Helps a student understand a topic with a clarity and vividness few techniques can offer.
3. Creates ideas while stimulating further study.
4. Group members who feel a sense of community will be more inclined to assume responsibility for learning.
5. Students and trainer work together to exchange ideas.
6. Effective use of small groups often results in friendship and acceptance.
7. Immediate feedback from others is acceptable.

Limitations

The limitations are:

1. Only a limited number of participants is effective.
2. If participants are not trained in discussion techniques, the group may be directionless.
3. Some may not take responsibility for group learning.
4. Not all topics lend themselves to discussion.
5. A few people may dominate the discussion.

To a large degree, the success of a small group discussion depends on the preparation put into it. Both trainer and students must first understand their roles and the degree

of participation required of them--objectives must be concise and clear to all participants.

Because a discussion is basically an exchange of ideas, the room's physical set-up should encourage, rather than discourage, that exchange. The best physical set-up is a circle or horseshoe arrangement of chairs. Face-to-face situations promote the exchange of ideas. Participants should be close enough to see and hear each other without straining. The optimum number of participants is from 10 to 20. More than 20 leads to chaos; fewer produces a lack of diversity and knowledge for an effective discussion.

When preparing for a discussion, consider these factors:*

Attention:

1. Get attention of students.
2. Focus on the subject by relating your attention device to the topic to be discussed.

Motivation:

1. Talk with conviction and sincerity--convince all students that they need to gain a better understanding of the subject.
2. Give examples of how each student can benefit and why he needs to get involved.

* Academic Instructor Course material. Alabama: Maxwell Air Force Base, Air University.

3. Present a clear overview so students can see the instructional goal and objectives and plan their contributions accordingly.

Lead-Off Questions:

1. Avoid questions that can be answered with "yes," "no" or similar short response.

2. Use thought-provoking questions; ones that seek depth into subject.

3. Ask yourself: "What is it I want the students to learn here?" Then, phrase your questions accordingly.

4. Discussion is to achieve learning objectives, not merely to have students vocalize anticipated responses. Take extra care in wording questions.

Follow-up Questions:

1. Use to expand and clarify the ideas behind responses of students.

2. Use to further explore ideas that seem inaccurate or misleading.

3. Use to bring the reticent students into the discussion.

4. Use to move on to another area.

Interim Summaries:

1. Use as transition and as teaching device.

2. Summarize and organize the ideas the students furnished.

3. Present in the language used by the students in their responses.

4. Include the key responses even if they were not anticipated in the lesson plan.

5. Avoid using names of contributors. Rather, talk in general terms.

6. Avoid comments that may turn the student off--e.g. evaluating responses, giving credit to only a few, using unfamiliar words.

7. Adding many of your own ideas may be an indication that your questioning technique or planning needs improvement.

8. Provide a bridge between summary and next question.

Final Summary:

1. Summarize objectives in order presented.

2. Tie objectives together by using student responses.

3. Use summary to reteach, reinforce, emphasize.

4. This is the wrap-up of the discussion. The result should be an achievement of the lesson plan.

Re-motivation:

1. Answer this question for each student: "How can I use what I learned today?"

2. Use guidelines presented in Motivation, above.

Closure:

1. Thank students for contributions.

2. Let students know the lesson is completed.

3. Give students something to think about.

In a small group discussion, the teacher acts as a prompter, leading his students to inferences and generalizations from

the opinions presented. In "Freedom to Learn," psychologist Carl Rogers addresses himself to the qualities that teachers should have: (a) genuineness, (b) acceptance of students as individuals, and (c) empathetic understanding of students. For an in-depth explanation of these qualities, see this manual's chapter on teaching.

Instructors who supervise discussions have two tasks: (1) to cover a certain amount of material, and (2) to involve students in discussion. Leaders who can create and maintain lively, factual, participative discussions are invaluable.

Four standard ways to begin a discussion:

1. Provide a concrete common experience. This may be done through a mutual reading assignment, film, demonstration, lecture or role playing.

2. List problems. Students are asked to present a list of problems they wish to talk about. This may be done as an assignment or during one of the initial discussion hours. The list begins an open exchange of ideas between teacher and student.

3. Ask a question. Ask open-ended questions that have no right answer, but not so abstract that they are puzzling.

4. Begin with a controversy or disagreement.

While it is easy to begin a discussion with questions, controversy, or common experience, the difficulty lies in maintaining them. Trainers who can ask questions in a suggestive and meaningful fashion will find their discussions

running more smoothly than those who have not mastered this questioning skill.

To maintain discussion:

1. Smaller groups may handle a topic easier than larger groups.
2. Have facts on hand that relate to and clarify the topic. These help to direct arguments away from personal opinion.
3. Research assignments often arise out of controversy. Ask students to do some outside reading.
4. Use the black board for analyzing arguments and specifying a point.
5. If discussion moves out of focus, ask students to write out their solution to the stated problem.
6. Form "buzz groups" to air the topic. After a designated time the groups share their findings.
7. Break problems into sub-problems.
8. Appraise a group's progress against the objectives stated for the lesson. Summarize your appraisal for the group.
9. Focus conflict on ideas rather than personalities.
10. Assign topics to individual students or groups, and ask them to be prepared to respond the next week.
11. Call on people directly, asking open-ended questions.
12. Provide more information.
13. Encourage students to talk directly to each other instead of through the instructor.
14. Encourage feelings and opinions before moving to fact.

15. Open two-member conversation to the whole group.

16. At times, it is more productive to respond to feeling rather than to the content of a statement.

A small group will not be effective unless the trainer uses certain skills, attitudes and knowledge to lead the students to the planned objectives. However, the trainer will have to give up his role as the center of attention. He will have to give up the misconception that he is not working unless he is talking. Listening and responding techniques are critical. Silence, while often a sign of boredom or confusion, can also signify thought. Therefore, a trainer must be sensitive to the progress of the session, and avoid taking a heavy hand when it is not called for.

In summary, the discussion is an excellent method of involving students in learning. It is an active, rather than passive, mode of learning. Discussion is also unique in that feedback is immediate. As such, the participant feedback can allow the trainer to focus and evaluate during the presentation and to adjust and amend the discussion as needed.

The following checklist is provided to help you evaluate the effective use of discussion. If you can answer "yes" to all the questions, then discussion is an appropriate and efficient mode of presentation.

		Yes	No
1	Do I show genuine interest in the participants?	_____	_____
2	Do I answer questions satisfactorily?	_____	_____
3	Do I ask participants to comment on one another's contributions?	_____	_____
4	Do I present material in a well-organized manner?	_____	_____
5	Do I raise challenging questions for discussion?	_____	_____
6	Am I well-prepared for class?	_____	_____
7	Do I give interesting and stimulating assignments?	_____	_____
8	Do I set an appropriate pace for the class?	_____	_____
9	Did participants sensitize themselves to the barriers of rejection, frustration, and dependence in group discussion?	_____	_____
10	Was there a competitive or cooperative atmosphere?	_____	_____
11	Did the participants prepare outside of class?	_____	_____
12	Did participants see a need for formulating the issues?	_____	_____
13	Was there a willingness to talk about one's own ideas openly and to listen and respond to others?	_____	_____
14	Did the participants stick to the topic?	_____	_____
15	Did participants develop a good working relationship within the group?	_____	_____

At this point, let's stop and consider the three presentation modes that have been discussed: lecture, demonstration, and

discussion. How can you, as a trainer in a nursing home, use these methods? Let's consider the following examples.

Suppose you are preparing the material involved in teaching aides to take vital signs. Looking at the objectives we wrote for vital signs in a previous chapter, you see that some of these will be accomplished better using lecture, whereas others require demonstration, and another may be accomplished best via discussion. Let's take the objectives in the order in which they were presented.

> By the end of this inservice training, aides will be able to demonstrate the correct method of taking oral temperature.

Through the process of elimination, it is fairly obvious that a demonstration is inappropriate. It would suffer the limitation of all students not being able to see the instructor's view of the thermometer, both before and after demonstrating the procedure. Additionally, students would never be able to see the markings and mercury. Picturing this situation further, it is obvious that a discussion would suffer from the limitation pertaining to the nature of the topic. There is a prescribed method for taking and reading oral temperatures, and there is nothing to be gained by stimulating a discussion about it. Therefore, we must look to lecture method as our best possibility. It has the advantage of allowing the information to be presented quickly to a large number of people, and visual aids can be easily incorporated. Since a single

thermometer is too difficult for a group to see, a large scale drawing may be useful during the explanation.

> By the end of this inservice training, aides will be able to write three valid reasons for using a rectal thermometer instead of an oral thermometer.

Here we may want to use the option of small group discussion. Although the same reasoning applies to this objective as to the previous objective in most respects, one other factor needs to be considered. You have already taught the oral technique; the rectal technique is very similar. Therefore, your educational intent involves differentiating between conditions requiring the use of one method over the other. A good discussion may bring out some very good ideas about when to use each method, and the instructor can let students exchange examples and draw their own conclusions. Any situations not covered by the group can be supplied by the instructor.

> After watching a demonstration on how to take the pulse rate, aides will be able to write instructions for this procedure.

Your decision is easy for this objective, since the use of demonstration is already involved. Actually, a lecture method could be used, but it is wise to vary your teaching methodology and lecturing tends to predominate over other techniques. This objective lends itself as well or better than the others to the use of demonstration, since all students can see (and copy) the instructor. The use of discussion is probably not appropriate for the same reason we rejected it with objective #1.

> After watching demonstration on how to take respiration rate, aides will be able to identify the respiration rate of three persons.

All the discussion involved in objective #3 applies here. In fact, as we shall see, these two objectives could be met with the use of one demonstration.

> After three trials, the aide will be able to demonstrate taking another person's blood pressure, correctly describing the process involved.

In this case you may have a less clear cut decision. While small group discussion may be inappropriate for learning this very standard procedure, either a lecture or demonstration could be used. In fact, you may decide to incorporate the advantages of both teaching methods by giving a combined lecture-demonstration. Since taking blood pressures is somewhat more complicated than taking temperatures or pulse, presenting the information orally (lecture) and visually (demonstration) may enhance learning.

> Given a sample of Vital Signs, the aide will be able to record the information in proper form in the TPR notebook.

As noted earlier, when something the size of a TPR notebook must be seen by a group, it is probably best not to use the demonstration technique. Likewise, when a standard procedure is being explained, the use of small group discussion is probably inappropriate. However, a lecture using an enlarged representation of the notebook should pose no learning or teaching problems.

This example should give you an idea of some of the points you, as a trainer, should consider when deciding on your presentation mode. Additionally, you will want to consider the methods presented in subsequent chapters. Remember, the method of presentation should ensure that the instructional objectives are met in the most efficient and effective manner.

What about handouts?

Now that you have decided what method to use in presenting your content, you are ready to design any handouts that will go along with it. Most trainers agree that handouts are an important method of reinforcing their teaching. Handouts can also clearly organize all the necessary information and standardize the information that is given to staff members.

Careful consideration to the production of your handout is essential. Handout material, whether quizzes, outlines, lists, or reprinted newspaper articles, can be either effective or wasteful. (Too often a handout is simply wasted paper and ends up in the wastebasket.) Trainers should plan handouts, as with projected visual materials, to suit the lesson's objectives and the learners' needs. Let's look at what makes a good handout.

Some points to consider before making a handout are:

1. A handout must be pertinent to the student.

2. A handout must be short and to the point. Unrelated data adds up to wasted paper and wasted time.

3. A handout's value must be immediately obvious to the student. Students resent being cajoled into reading something; they suspect it must be pretty dull or of limited worth for the effort invested.

4. Effective handouts stimulate students to become involved and, through experiences, to learn something.

5. A handout must be legible, or the student won't read it no matter how much good information it contains.

Once you have decided to prepare a handout, you will need to follow these steps:

First, determine what to include on your handout.*

1. Decide what the objective requires the learner to do. Do you need to state facts? If so, state them simply and without unnecessary detail. Are there certain steps to be followed? If so, state each step as simple, single actions observable steps; and in the order performed; and state alternative steps, where appropriate. If steps are followed differently under different circumstances, state conditions or circumstances for doing them differently and how to do them. Must decisions be made in order to do some of the steps or to recognize an example or situation? If so, state the basis for the decision (the characteristics).

2. Check if the learner must use signals, movements, or cues to accomplish the steps. If so, identify the cues and what they indicate.

* Adapted from Freedman, C.R., Teaching Patients, San Diego, CA: Courseware, Inc., 1978.

3. See if it is necessary to use materials, equipment, etc., to perform the steps or make the decisions. If so, list the materials needed.

4. Decide if there are cautions to be noted or common errors that occur. If so, note them with the appropriate steps or characteristics.

5. Provide a simple rationale for learning the facts, steps, or decisions, if possible.

6. Check the information to ensure that it excludes nonessential technical vocabulary or explains it; leaves out unnecessary elaboration and identifies explanatory information; contains complete and accurate information.

Now that the basic information to be included has been determined, the handout itself should include: a title, a description of when the information on the handout should be used and the materials necessary; a list of needed information; labels for the examples; highlights of common errors and cautions. If visuals are used, label diagrams or illustrations to make the meaning clear, eliminate unneeded detail, and make sure the context is clear. Use a variety of techniques to create interest: type size, style, boldness for titles and key points; color for emphasis and colored sheets for easy identification; arrows, circled or enlarged sections to point out areas of interest; boxes, double lines, asterisks, or symbols to set aside key information; double columns for commenting on information in the text.

Next check to make sure your handout is clear, concise, and needed. Then, test it out. Use the handout in training, stopping for questions or problems. Observe if the handout

is used in training and kept by trainees. Observe if it is used later in your facility. If the handout was useful, keep it for future use. If not, discard it and try again.

Using our vital signs objectives again, we have included a sample of a handout concerning reading thermometers. The various parts of the handout are marked for your information.

Handouts are useful teaching tools if they are pertinent, short, legible, and motivational. They can provide an excellent transfer aid. By giving the learner a step-by-step list of how he should apply his newly acquired concepts and skills, the trainer gives the learner a schedule for application. In this manner, the desired instructional outcomes are reinforced for efficient use.

TAKING A TEMPERATURE WITH A GLASS THERMOMETER

When taking a patient's temperature by mouth or rectum, use the following guide.

Materials needed

TPR book
Thermometer in a container of sterilizing solution
Tissues
Wristwatch with a second hand
Lubricant (if using rectal thermometer)

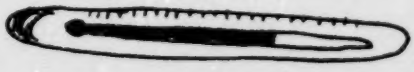
Procedure

Remove thermometer from its container.
Wipe thermometer with tissue.
Check the reading; shake & recheck until reading is below 96.
Insert thermometer, noticing the time.
Count pulse and respirations.
Remove thermometer after three minutes' time.
Wipe thermometer with tissue.
Read and record temperature in TPR book.
Shake down thermometer; return it to its container.

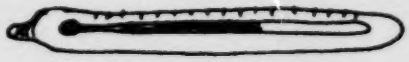
> CAUTION: You will find it necessary to shake the thermometer vigorously in order to get a reading below 96. Be sure that your arm has enough room that you avoid personal injury and the hazard of broken glass.

Example

Both the rectal and oral thermometers below have readings below 96.



Rectal Thermometer



Oral Thermometer

Where would the mercury stand if the reading was normal? Practice drawing in the mercury on these thermometers:

Rectal Thermometer

Oral Thermometer

> NOTE: Aged people often have difficulty regulating body temperature. Therefore, you may consider a reading as low as 97 by mouth and 98 by rectum to be normal temperatures for geriatric patients.

Have you tried these –

case study, role playing, simulation games?

Along with lecture, demonstration, and small group techniques of teaching, several other methods of getting a lesson across to adult students are available to perceptive trainers.

These methods include case study, role playing, and simulation games. Each can be viewed independently, or combined with another method. For example, a role play can easily be followed by a small group discussion, or a case study can grow out of a role play.

The following brief outlines of these methods should help trainers understand when they can best be used.

CASE METHOD*

In the case study method of teaching, students use a factual history or description of an event as a springboard for learning how to deal with a particular situation.

The case may be real or fictitious. It is put together to present a principle the trainer wants to convey. The studies, which always involve group discussion, expose a part of organizational life to the learners without providing clear-cut answers.

Advantages

The advantages of using a case method approach are:

1. One-way communication becomes interchange; students actively participate by expressing their own views and opinions.
2. Encourages the development of both inductive (specific to general) and deductive (general to specific) reasoning.
3. Staff tend to like this method, since realistic cases are intrinsically interesting.
4. Staff members learn from others as well as from the instructor.
5. Trainees receive practice in thinking of themselves in other roles.
6. Sessions are interesting mixes of participation and dialogue.

* Adapted from Engel, Herbert M, Handbook of Creative Learning Exercises, Houston: Gulf Publishing Co., Book Publishing Division, 1973.

Limitations

There are some limitations to the case study method approach:

1. Persons not used to this method may initially feel frustration with the lack of direction and think they are wasting their time.

2. Some subjects cannot be easily taught by a series of cases.

3. Progress in development of problem-solving and administrative skills is slow.

4. Usually a case study assumes a basic knowledge of the facts and certain skills as well as maturity and readiness to accept responsibility.

5. Case studies may over-emphasize positive decisions when sometimes negative decisions are the best action.

6. Cases tend to over-simplify real-world situations, because including all the variables actually involved would make them too long or cumbersome.

While preparing for a case study, a trainer should study it carefully, making sure the case is suitable for his objectives and for the level of learner he is trying to teach.

The trainer must imagine how the trainee will read the material. Will the trainee comprehend the subtleties of the case? Will his eyes focus on certain words, which for him have a different meaning from that which you had in mind? Sometimes trainers unfairly label their trainees as slow or dense when the fault is their own because of the way training materials were constructed.

At the time the case is first introduced, the trainer makes clear (using the lecture method) what objectives are to be

achieved. The discussion that follows the study should emphasize that the case study's goal is a better system of problem solving--not the securing of an answer to one isolated problem.

Ideally, in presenting the case materials, the material should be written for all the participants and read aloud to allow for verbal emphasis of certain points.

As participants discuss the case, the trainer circulates about the room, keeping on the alert for students who are getting off the track, misinterpreting the case, or discussing unrelated topics.

The room's atmosphere is important. As in a small group, a circle or horseshoe arrangement of chairs encourages interaction. Keep the group limited to twenty participants. Have a chalk board or flip chart on hand, and make certain all participants can see and hear comfortably.

At the end of the discussion, the trainer should summarize the case and the conclusions. This is also the time to point out alternative solutions, similar cases, or other important information.

The following points are included to assist you, as a trainer, to evaluate and prepare case materials:

The language must convey what the trainer intends it to convey to the reader.

1. The case language should be suitable for trainees. Words used are the simplest needed to explain ideas.
2. The exact message and meaning should be transmitted.
3. Sentences need to be suitably short and clear.
4. Technical expressions should be easily understood or defined for trainees.
5. Ideas and concepts presented in logical order.

In addition, remember that oftentimes trainees in nursing home settings may have low levels of reading ability. Too often trainees are labeled "slow" or "uncooperative" when, in reality, the material presented to them is not on their reading level. It is important to make sure that the material is readable on the trainees' level. You, as trainer, may need to rewrite case materials using short sentences and simple words.

The content must be appropriate material for trainees.

1. The complexity of the materials should be suitable for trainee group.
2. All obsolete material is eliminated.
3. Realistic situations are presented.

4. Emotionality of material is suitable for trainee group.

5. Mood, tone, or humor of materials will elicit the desired outcomes.

6. Total case situation is one with which the group can readily identify.

7. Embarrassment or ridicule of individual trainees is avoided.

The length of the case must fit within the training time. Also, if the case is too complete, little is left for trainees to discuss; if incomplete, groups may flounder.

1. Materials from cases which trainees have worked on previously should be avoided.

2. The length of the case needs to be suitable for the time available for discussion.

3. All essential material is presented.

4. Extraneous materials having no relevance to essential facts or to "setting the scene" have been eliminated.

5. Long-winded expressions and awkward phrases are eliminated and rephrased into shorter forms.

While case studies are available on topics ranging from motivation of staff members to dealing with complaints, the most effective study will be that which relates specifically to the participants and their environment.

Published case materials may save time for a trainer, but should not be used if they do not fit the objectives and level of the group. Trainees must be able to visualize the link between themselves and the case, or the effort is wasted.

The case materials you develop can be effective in practically all areas of inservice training, including discipline, communications, grievances, morale, and productivity.

Whatever the particular objectives for a training session, the trainer should write the case study with a focus on those objectives. The case itself will be a significant factor in reaching those objectives. A poorly constructed case will only hamper a trainer's efforts.

The two widely used techniques of case writing are inductive and deductive. Inductive cases are those that tell about given situations and lead to a conclusion or basic principle. Deductive cases begin with stating the principle and then give situations and examples. The case writer may initiate his creative product either from the top down or from the bottom up.

In writing an inductive case, the trainer will choose a familiar situation from the work environment. The case should be job-related and have intrinsic value as a potential learning exercise. The next step is to evaluate or judge the situation by analyzing the available facts and inferences, and deciding what the problem probably is and to what principle it relates. Then, if feasible, find out how the situation was resolved. Since many problems are never completely solved or are 'solved' erroneously, this factor is not essential to case construction.

The final step is to establish a fictionalized version of the original situation where the names, titles, places, and times are changed.

In writing a deductive case, the trainer selects a general principle to be illustrated as an instructional objective. For example, you may choose to illustrate that supervisors have a training responsibility when breaking in new employees. This principle is then clarified and elaborated on as it will be used within the written case. The writer explains what occurs in a job situation if the defined principle is not applied by a supervisor.

The writer then establishes a problem situation that includes as many of the listed factors as may be fictionalized in a realistic fashion. After rewriting, the case should appear in a format such as this:

Warm-up introduction, plus key background data.

The problem: real or alleged.

The predicament: or roadblock, incident, climax.

Questions or assignment to the student.

The final questions should stimulate the reader's thinking. Good questions challenge the group while channeling its energies to the intended goal.

Both types of cases can be used in training. By using cases, the trainer can present situations realistic to the trainees.

This method is a way of involving trainees in learning and motivating interest in the learning activities by using familiar case examples.

Now let's look at an example of a case study you might use in a long term care facility. Consider again the objectives concerning vital signs that were used as examples in the preceding sections:

Perhaps your educational intent extends beyond the mere teaching of techniques for obtaining vital signs. It may be that aides are able to perform these procedures adequately when tested, but encounter difficulties in the actual work setting. Many activities are occurring simultaneously on the floor, and patient care often is complicated by these interacting conditions. Therefore, you may want to convey some general principles about patient care where the taking of vital signs is concerned. As mentioned, the case study offers an excellent opportunity to do this. A typical case study might be the following:

Mrs. Bad Temper, a patient on your floor, has just had an altercation with a volunteer, who brought her a requested cup of hot coffee. Mrs. Bad Temper drank the coffee, insisted it was poisoned by the volunteer, then used the empty cup to strike the volunteer. The Charge Nurse was alerted, and received the same treatment while trying to disarm the patient. This was not the first time Mrs. Bad Temper had attacked others.

Since her attacks are usually followed by throwing all loose objects at passersby, placing her arms in restraints has been the only viable solution to this problem. It seems that Mrs. Bad Temper becomes highly aggressive in conjunction with her history of fecal impactions. Meanwhile, her food tray is arriving and you are scheduled to take her vital signs. What should you do?

Following the outlined procedures for a case study, you would present your objectives, give a copy of this narrative to each student, and read it aloud from your own copy. Participants are then invited to discuss the situation while you circulate in order to clarify and help keep things on the track. Following the discussion, you ask for some examples of what people would do in the situation, using this opportunity to point out several principles. These may include:

1. When in doubt about proceeding with your assignment, check with the Charge Nurse.
2. Oral temperature is never taken immediately after a patient has consumed a hot beverage.
3. If the arms are restrained, you cannot check respiration rate by observing the arm on the chest, nor can you check the pulse at the wrist. Alternative procedures must be used.
4. When the anus is irritated, rectal temperature should not be taken.
5. Oral temperature is never taken when the patient is confused, or highly agitated.
6. Keep the patient's best interest in mind when deciding how important it is to proceed with your assignment.
7. Try to remain calm in disturbing situations, since your anxiety will only add more tension.

These principles are not intended to be exhaustive, but rather illustrative of the kinds of information one can convey through use of the case study. Some specific policies and procedures observed by your individual institution can also be identified. For example:

1. The procedure for serving a late meal.
2. How to note the necessity for skipping some or all of the vital signs procedure.
3. Incident report procedure.
4. Restraint policy.

At the conclusion, you might summarize the main points (i.e., those that reflect your objectives) which were brought out in the case study.

ROLE PLAYING

Role playing, the acting out of a situation by members of a learning group, is obviously an active learning experience.

Through role playing, students simulate relationships and problems in advance, so they can anticipate appropriate behavior in on-the-job situations. After the role playing, students often move into small groups to discuss the action and agree on the most appropriate course.

In the role playing, a person temporarily adopts a specified role and tries to behave in ways characteristic of a person

in that role.

For example, in a role play scene illustrating the need for staff-patient communication, one student may "play" an over-worked nurse, and another may "play" a demanding patient. Given a particular set of circumstances and setting, the two strive to resolve their problems by acting out the situation.

Advantages

The advantages of role play are:

1. Role playing offers students a chance to try out real-world attitudes and behaviors that may otherwise be inappropriate or unavailable to him.

2. Role playing is usually thought to be fun for the students.

3. Playing roles opposite to one's usual role (e.g. client instead of worker) helps staff develop empathy with that opposing role and helps improve professional performance.

4. Role playing is more effective than having the instructor merely tell the students how to act.

5. Role playing often provides good feedback for the teacher.

Limitations

The limitations need to be carefully considered:

1. Role playing depends heavily on imagination and capacity to project into another situation.

2. Role playing can be time consuming, especially if repeated many times with staff playing a variety of roles.

3. The technique is not an easy one to use effectively.

4. Some groups may be afraid of this technique.

Preparing for the role playing situation, the leader must define his goals for the role play situation, study the background of the participants, determine the problem and situation to be portrayed and determine the roles to be played.

The leader will also determine if a particular scene will be played twice--for example, showing an effective and ineffective way for a staff member to deal with a demanding patient.

The role play is never rehearsed, but the leader will brief the characters as to their parts--either verbally or with a written description. Goals and characters are explained, but not behaviors. The leader also prepares an introduction for the group that will help them understand the goals and characterizations they will see.

The leader is an essential element in the effective use of role play. It is the leader's job to set the stage and to help the trainees initiate the situation. Oftentimes, trainees become nervous or afraid when asked to participate. These feelings can be alleviated if the trainee has an open

supportive attitude and helps the trainees begin. One way to do this is for the trainer to participate in one of the first role plays.

Once the situation has been carefully planned by the trainer, what will the role play itself really involve?* Spontaneity is a hallmark of effective role playing. The participants improvise their script as they speak, and the make-believe situation is acted upon by the participants as if it were for real.

The enactment must be as sincere and true-to-life as possible. This is neither a game nor charade. The participants are interacting as if they were alone, without others listening and observing the action. The following should be avoided:

1. Any attempts by the participants to play for the galleries.
2. Hamming it up and showing how brilliant one may be with repartee and witticism.
3. Deliberately confusing and confounding the facts by inserting erroneous or misleading information into the role.

The trainer sets the tone for the role play. He clearly delineates the ground rules and boundaries for good taste while directing the action. He is free to stop the action at any time. At the end of the role play, the trainer should

* Adapted from Engel, Herbert M., Handbook of Creative Learning Exercises, Houston: Gulf Publishing Co., Book Publishing Division, 1973.

summarize the learning activity. Group discussion concerning the manner in which the participants interacted can be used to aid learning and to summarize points.

Now let's look at an example of a role play: You can use the same material presented in the case study for use in role playing. Perhaps you are not so much concerned that students know the principles, policies, and procedures outlined above, but you are more concerned that they exhibit professional behavior in the situations. Therefore, you might narrate the case study situation, and assign roles to be played by various students. They are then asked to act out the scene as if it were actually happening. This provides a graphic demonstration of the complexity of interaction which can occur. At the close of the role playing scene, the group can discuss and evaluate the most appropriate responses, offering additional options for handling the situation. Some outcomes might be the following:

1. Aides develop greater empathy for the patient, the volunteer, and dietary staff.
2. Aides become sensitized to handling "sticky" situations in a professional manner.
3. The instructor obtains good feedback in areas where more training is needed, where potential problems exist, and where skill levels are high.

SIMULATION GAMES

Games usually involve a simulation of real-world situations and processes, often in a simplified or dramatic manner. Unlike formal games, such as chess and monopoly, in games designed for educational purposes the process of play is more important than the outcome.

The following formats have been used in simulation games:

1. Problem solving exercises. Games that provide a framework for solving a particular type of problem, generally by posing a specific problem and specifying a sequence of steps for solving that problem. For example, formulating a goal, assigning priorities, allocating resources and then distributing them.

2. Board games. In these games, ideas or processes are represented by means of concrete symbols: chips, markers and a game board. Trainees investigate the processes by manipulating the symbols.

3. Computer-assisted games. Here the computer is used to perform any of three functions to aid players: calculations, storage and retrieval of information and feedback of a mathematical or non-mathematical nature about players' judgments and decisions.

By their nature, simulation games involve elements of two previously described methods--role playing and small group discussion. An important difference among the three lies in the degree of structure. Usually there is the least structure in group discussion. In role playing, some implicit behavior

patterns are to be followed. In simulation games, explicit rules--similar to the regulations and procedures in an actual on-the-job setting--are to be obeyed.

Advantages

Some of the reasons you may decide to use a simulation game in training are:

1. Offer an opportunity for students to learn by doing. The trainer teaches about selected aspects of life by having the students engage in them through a game.
2. When games are done well, trainees become highly motivated and involved.
3. Immediate feedback is available.
4. Once the game rules are established, trainees can proceed without further assistance.
5. Games encourage the student to learn, because learning is directly pertinent to attaining goals.

Limitations

Some of the limitations of using simulation games are:

1. Game play may involve considerable time.
2. Preparation of the game (i.e. establishing the rules of play and developing the necessary supportive materials) usually requires considerable effort on the part of the instructor. You can, however, use one of the available games.

Some of the characteristics of effective games are the following:*

1. Conflict. Successful simulation games incorporate a fairly high degree of conflict, but not necessarily in terms of cut-throat competition. Games can effectively reflect the challenge in using limited resources to achieve strategic outcomes.

2. Constraints. An ideal simulation game has the least number of constraints imposed on the player's behavior. Complicated and long rules are seldom appreciated by players.

3. Type of closure. Effective games end with a bang. It should be possible for all players to "win." The game should have multiple criteria for measuring success.

4. Contrivance and correspondence to reality. The game should be realistic enough to involve the players. Correspondence to real life should be obvious.

5. Replayability. An effective simulation game should be replayable any number of times. This permits the players to try alternate strategies.

6. Time requirement. A fast-paced simulation game can be very exciting. A majority of players prefer games of about 45 minutes.

7. Equipment and materials. The rate of adoption of a simulation game is inversely related to the quantity, complexity and rigility of equipment and materials. In other words, keep it simple.

8. Number of players. Games that involve small groups of three to five players are more flexible than the large group versions.

9. Purpose. An ideal game should invclve aspects of motivation, instruction, evaluation and experimentation in proper balance. If instruction, simulation or gaming is emphasized out of proportion, the result may be a confusing, meaningless activity.

* Material adapted from Thiagerajan, S. and Stolovitch, H. Instructional Simulation Games (The Instructional Design Library), Englewood Cliffs, NJ: Educational Technology Publications, © 1978.

Your first decision when contemplating the use of a simulation game is whether the amount and kind of educational material to be covered will justify the effort required to construct the game. Once the decision has been made to proceed, you will select a format and then allow your imagination full sway. For purposes of illustration, let's assume you have decided to create a game for teaching the material used in the case study and role playing examples. You could create a deck of cards, each of which had a statement or two on it. Some statements would be appropriate to the occasion and others would be either irrelevant or contraindicated. On the bottom of each card there would be a code referring to the scoring process. Players are given five cards each, and must draw a card from the rest of the deck each time it's their turn. They must then chose a card to discard. After a predetermined number of rounds, participants are given a code, and asked to add up their score. High score wins. The scoring code might work in this fashion:

1. Cards with appropriate statements have the letter "A" followed by a number. The number refers to the points received, based on importance.

2. Cards with irrelevant statements have the letter "I" followed by "dummy" numbers. This means they will not be used in the scoring but must look no different from other cards.

3. Contraindicated statement cards will have the letter "C" followed by a number reflecting the degree of inappropriateness.

Players are told to total all "A" cards, then total all "C" cards, and disregard all I cards. They must subtract the "C" total from the "A" total. High score wins.

There are also simulation games that can be purchased. Several of the large university gerontology centers have developed games concerning retirement, service delivery, and other aspects of growing old.

These methods--case study, role play, and simulation games--can be effective alternatives to the more common lecture, demonstration, and discussion. They have a high degree of participant involvement and can be used for a variety of topics. They are particularly effective for training which involves feelings and attitudes in that they allow the participants to actively "feel" what it is like in a given situation. You, as trainer, should consider them as helpful alternatives which will aid in producing training that is meaningful and interesting.

How can outside resources be used?

Resource people, either within or outside your facility, can prove to be an invaluable help to health care professionals who choose to present training programs in which "outside" points of view are needed.

Once a particular program topic for inservice training is chosen, the trainer combs his community to enlist various resource persons to be interviewed or serve on panels. These resource persons demonstrate knowledge of the chosen topic and an ability to respond to questions in an interesting, informal manner. They add a degree of credence and enthusiasm to the the usual inservice program.

Some of the resources you may wish to explore in your community are:

Community college courses
Outside lecture consultants
Training corporations
Commercial companies (i.e., drug companies)
Health Department consultation
Physicians
Clergy
Pharmacists
Fire department
Red Cross
Commission for the Blind
Commission for the Deaf
Visually impaired veterans
Dentists
Local library

At the same time, you can use the people within your facility as trainers. Some of these resource people are:

LVN
RN
Director of Nurses
Physical therapist
Head of housekeeping (staff)
Maintenance manager (staff)
Dietary staff
Activities Director
Business office staff
Administrator
Assistant Administrator

Furthermore, don't forget your trainees. An aide who has recently successfully completed a course can be asked to help another aide who may just be starting. Simple demonstrations, such as bed making or temperature recording, can be taught in this manner. This technique also gives you, as training coordinator, an additional way of checking on your previous training. One of the best ways to reinforce training is to ask a trainee to explain the procedure to someone else.

No matter what resource you choose or if the person is inside or outside the facility, there are some guidelines to follow:

1. The trainer should select the areas where it seems most desirable to involve an outside speaker, and should then choose possible resource people.

2. The trainer should contact the resource people. At this point, he should provide the following information: number of participants, level of participants, time allowed for program, objective of program, expected outcomes, anything else the resource person may need to know for planning.

3. The fee, if any, should be agreed upon. It is usually courteous to reimburse a resource person's travel expenses if you are not also paying a consultant fee or if they are not part of a volunteer organization.

4. The trainer should draw up a written list of tentative objectives for the program and give them to the resource person.

5. The resource person should then give the trainer an outline of the proposed program and a list of materials or equipment that will be needed.

6. The trainer should then contact (in writing) the resource person, with the agreed upon objectives, outline, participants, time, date, and fee. Any evaluation or other planned activities within the particular program should also be mentioned.

7. The trainer is responsible for selecting trainees, and for ensuring that they arrive and are prepared to participate.

8. After the training session, the trainer should aid the participants in summarizing the information and translating it for use within the facility.

The use of outside resource people in staff development is a common approach to enhance inservice programs. Outside

resources can provide a means to bring experience and expertise to bear on immediate needs. They can share experiences from other facilities and bring a new depth and interest to a training program. The mere stimulus of a new face, a new voice, or a new approach can provide the motivation and excitement needed to make your training program more effective. Typically, an outside training resource presents a prepared program using lecture and demonstration methods. Sometimes simulations or case studies will be included. Often the program has been designed and presented previously at other locations to other participants.

Sometimes the trainer may want to utilize something other than lecture or demonstration. Two alternatives are a guest interview or a panel presentation. We will examine these two resources separately.

INTERVIEW

The interview is an alternative to the guest lecture. The interview may be a better technique in a particular instance if the guest is not a good lecturer, or if he is likely to cover points already discussed in previous programs.

The interview is ideally an informal, conversational technique. During the interview, the audience listens as an interviewer

asks a resource person specific questions about a pre-arranged topic. The interview is conversational in tone, in that the interviewer is free to improvise questions as the two explore the topic.

The resource person is informed of the nature of the questions beforehand. He may even be given a list of proposed questions to review, but he should avoid staging an actual rehearsal of the interview.

An interview is most appropriate for programs in which the objective is to clarify confusing issues and to present the impressions of an authority. Trainers concerned with providing a relaxed atmosphere for learning and stimulating interest should consider this technique.

Advantages

The advantages of an interview are:

1. Resource persons may prefer the interview technique to the lecture.
2. The interviewer is free to ask the resource person to clarify or give examples as the interview progresses.
3. The interviewer maintains control of the subject matter discussed.
4. The interview is not difficult to arrange, and it is often more interesting to listen to than the lecture.
5. The interview ensures continuity in the inservice programs and provides for audience participation if the trainer asks for questions from the listeners.

Limitations

There are some limitations to consider:

1. Certain topics do not lend themselves to an interview. Detailed information is difficult to present and comprehend.

2. Some people cannot adjust to the interview approach. The resource person may lapse into giving speeches instead of short and direct answers.

3. The audience may feel left out if the interviewer doesn't involve them when preparing his questions.

In arranging the interview, an interviewer's first priority is to determine his objectives for the inservice program and make certain the interview technique is appropriate to the topic and objectives. Once decided, he should then search for an appropriate resource person in the community or if needed outside the community. Well in advance of the interview, the interviewer should also prepare a list of possible questions (with the help of his staff) to be discussed.

When the trainer contacts the resource person, the two should review the questions and come to an understanding of the range of the subject matter to be discussed and the purposes to be accomplished. The resource person has the privilege of eliminating questions or adding some that will help clarify the issue. The interviewer should make certain the resource person is aware of the audience's background and knowledge of the topic, as well as the procedure that will be followed in asking and responding to questions.

The interviewer should also arrange for the room, sound system and other equipment, and he should make certain the audience will have comfortable seating. Finally, the trainer or interviewer should prepare an introduction for the interview, in which he explains what will be discussed, the length of the interview, and the background and qualifications of the resource person.

During the interview, the interviewer allows the speaker to feel comfortable and warm up to his topic by spending a few minutes of general introduction. The interviewer should ask clear, concise questions and should clarify remarks; the resource person should answer as clearly as possible, using a vocabulary suited to the audience. He should avoid making speeches and advancing pet theories unless they are appropriate to the interview.

If a question and answer period is to follow, the audience may want to take a few notes during the interview or jot down questions they would like to have addressed.

Participants and audience members should be comfortably seated, and extremes in room temperature should be avoided. If microphones are needed, they should be tested in advance.

The following situation is one place where a guest lecture could be used:

Let's return to the situation involving the teaching of techniques for taking vital signs. Perhaps the administration plans to purchase new equipment for taking temperature and blood pressure. The decision is made to buy electric skin thermometers and automated electronic sphygmomanometers. The nursing staff may have questions about the efficacy of adopting the new technology. Therefore, you may arrange to interview a Director of Nurses from another facility where this equipment is already in use. You would:

1. Gather information on the concerns of the staff, including specific questions they may have.
2. Consolidate this information along with what you consider to be at issue from a teaching point of view into a list of questions.
3. Contact the Director of Nurses at the other facility and review your questions and concerns.
4. Make any arrangements needed for visual aides the visiting Director of Nurses may need, including actual equipment.
5. Prepare your introduction, explaining that the proposed new equipment will be discussed by someone who is familiar with its use.

The final interview might include this type of interchange:

Interviewer: We are wondering if the use of this new equipment won't be more difficult to use?

Director: We found this to be true in a few cases, until aides became familiar with it. However, at present we feel there is a time savings as the result of using the newer methods.

Interviewer: I'm wondering how difficult it will be to retrain everyone in a different method?

Director: We were surprised to find that one inservice was all that was needed for the majority, and a second review session took care of any who still felt unsure.

Interviewer: The electric skin thermometer is so much more cumbersome than a glass thermometer; we have some concern it will make the aide's job more difficult.

Director: Actually, our aides report there is less work involved than the vigorous shaking required by the glass thermometer. I've brought one with me, and I'll be happy to pass it around so you can see how lightweight it is. Notice it is battery operated, and therefore you have no electric cord to worry about.

At any point you may choose to invite questions from the group. Otherwise, you would continue until your prepared list of questions had been answered.

The following checklist for interviews is included for your information.

	Yes	No
1 Will the interview help explain problems or clarify issues?	_____	_____
2 Will the interview present information in a relaxed manner?	_____	_____
3 Will the interview encourage audience follow-through?	_____	_____
4 Are goals clear-cut?	_____	_____
5 Are you certain audience participation is not needed?	_____	_____
6 Is the physical environment conducive to an interview?	_____	_____
7 Is the interviewer well-prepared?	_____	_____
8 Is the interviewer knowledgeable, well-spoken and flexible?	_____	_____
9 Is the resource person well-prepared?	_____	_____

	Yes	No
10 Is the resource person knowledgeable, well-spoken and flexible?	____	____
11 Has the interviewer prepared an introduction?	____	____
12 Can he ask pertinent questions and keep the conversation going?	____	____

PANEL DISCUSSION

Another alternative to the guest lecture, the panel is a small group of persons who discuss a topic with the guidance of a moderator. The moderator prepares questions to begin the discussion and keep it going. The audience does not participate verbally, unless specifically requested to do so.

The panel can best be used to bring several points of view into focus for the audience, and it is an especially good technique for clarifying controversial issues. Because participants are chosen for their expertise in a given field, the panel makes optimum use of a wide range of opinion.

The moderator guides the discussion through the intelligent use of questions and comments. He should obviously be quite familiar with the topic discussed. The panel members are selected to represent different backgrounds and a variety of points of view. They should be good conversationalists, and they should take great care to avoid debates while on the panel.

Members are chosen because of their ability to speak with some authority on the subject, either because of past or present experiences.

Advantages

Advantages to panels are the following:

1. Several informed opinions can be heard rather than just one.
2. Several competent resource persons can participate.
3. Audience interest is stimulated through the discussion technique.

Limitations

The following points are limitations to panels:

1. Panel members familiar with the topic may be hard to find.
2. An uninformed or unskilled moderator may have difficulty keeping the discussion going.

In arranging the panel discussion, the moderator of the panel must determine the goals of the discussion well in advance. Once the objectives are decided, the trainer or moderator should understand both the topic to be discussed and the points of view of the audience members.

The moderator prepares an introduction in which panel members are briefly introduced, and he prepares questions to open and sustain the discussion. He should also meet with panel members beforehand to make sure they understand the panel procedure and

the range of the topic to be discussed. He reviews the names of the panel members, the goals of the panel, time restrictions and seating locations.

During the panel discussion, the moderator's responsibility is to keep the conversation flowing among the participants. After giving his prepared introduction, he guides the informal discussion through questions and comments. The moderator offers a chance for all members to participate, remains neutral, summarizes points, and reminds panel members of any time limits. Panel members gear their discussion to the audience and avoid lengthy, involved answers that dominate the panel's time.

If a question and answer period is to follow, the audience may want to take a few notes during the panel or jot down questions they would like to have addressed. Participants and audience members should be comfortably seated, and extremes in room temperature should be avoided. If microphones are needed, they should be tested in advance.

You may now ask how you can use a panel discussion in your training. Let's use the same example as the one we discussed for guest lectures:

Consider the possibility that you found differing opinions when you approached other professionals on the use of the proposed

new equipment. In this case, you may arrange an informal panel composed of people who have had experience with electric skin temperature machines and electronic blood pressure machines, but with different advice as to their acquisition. Your procedure would be:

1. Select the panel members to represent the respective views involved.

2. Prepare an introduction and questions to open and sustain the discussion. These should cover the main points in controversy, e.g., ease of use, time consumed, patient response, upkeep, accuracy, etc.

3. Advise the members of the procedure you will follow, along with the topics you will cover in your introductory and sustaining types of questions. Make sure they understand the time limitations.

At the end you may choose to have questions from the group and a general acknowledgement that the subject was covered adequately. This could be done by making several summary statements.

In order to help you decide on the use of a panel discussion, we include a checklist of points to remember.

		Yes	No
1	Will the panel help clarify issues and explain problems?	_____	_____
2	Will the panel bring several points of view into focus for the audience?	_____	_____
3	Will the panel encourage audience follow-through?	_____	_____
4	Are goals clear-cut?	_____	_____
5	Is the topic conducive to a wide range of informed opinion?	_____	_____
6	Can you find appropriate resource persons for the topic?	_____	_____

		Yes	No
7	Is the moderator well prepared?	_____	_____
8	Is the physical environment conducive to a panel?	_____	_____
9	Can the moderator remain neutral while showing an interest in the topic?	_____	_____
10	Can he promote discussion?	_____	_____
11	Can panel members discuss without debating?	_____	_____

How are instructional media best used?

Even the best presentation can be improved by the use of well planned instructional media. Films, filmstrips, handouts, slides, and video cassettes add a visual punch to the written or spoken word, and thus stimulate learning. Creative uses of a variety of media and materials can increase the probability that your students will learn more, retain better what they learn, and improve their performance of the skills they are expected to learn.

Before trainers begin the process of selecting instructional media for their programs, however, they must first have a firm grasp of the objectives of the lesson. Once an objective is defined in behavioral terms, the selection of media will mesh with the lesson plan to form an effective program. A trainer should ask himself: "Do I need media to implement

my objectives? Will the use of media add to the learning process significantly?"

The following suggestions will guide the trainer to a more professional use of instructional resources, so that ideas will be presented simply and implemented without overcomplicated audiovisuals.*

1. Decide which ideas to be visualized merit emphasis; which are difficult to grasp if not visualized.
2. Carefully limit the number of objectives for each presentation. Keep things simple and to the point.
3. Make scripts and audiovisuals complementary rather than duplicative. Narrative should stimulate curiosity and provoke questions.
4. For each segment of instruction determine appropriate content and media format of the material to be used.
5. Announce the purpose of the media materials to the students. Materials are most effective when they provoke interest, anticipation and readiness to respond.

Other considerations to remember when selecting media are (a) cost implications (i.e., production, replacement, energy), (b) time availability to secure and show materials, and (c) size of audience. Furthermore, trainers deciding on the kinds of materials to use in a program must be sure to consider what equipment will be required to show the slides, filmstrips, or

* Adapted from Allen, D.W. and Seifman, E. The Teacher's Handbook. Glenview, IL: Scott, Foresman and Company, 1971.

whatever. Is sufficient equipment available, or must it be searched out?

Although decisions about equipment usually depend on the trainer's choice of materials, there are instances when the type of equipment available may influence the form of material to be used. For example, still pictures in the form of slides might be preferred, but because filmstrip viewers are available or are much less expensive and easier to use than slide projectors, the planner may decide to use filmstrips rather than slides.

Careful consideration to availability and usability of equipment during planning is essential. Be practical in requesting what you need, but be reasonable in terms of what funds are available, and the complexity of the equipment and upkeep.

Most people have generally had experience with using such traditional materials as textbooks, reference books, magazines, pamphlets, and other printed items. But, even though audio-visual and related resources are proving to be particularly useful for instruction, knowledge and judgment concerning the advantages, limitations and special applications of these materials are limited. The following list is provided as a guide to evaluating and selecting these materials.

1. Will the material be presented to a group, or will it be used for individualized learning?

   Some audiovisual materials are best used for presentations, while others are more suitable for individualized learning. Most can be adapted for either use.

2. Does the content require graphic treatment, photography or a combination of graphics and photography?

   More time is needed to prepare graphic visuals than to make photographic materials or use pre-packaged materials.

3. Should a visual be presented in the form of still pictures or as a motion picture?

   A motion picture is a "transient" medium, requiring staff to grasp the message as the film is projected. A still picture is a "persistent" medium, permitting students to study the message at their own paces.

4. What kinds of still pictures are available?

   For instructional purposes, still pictures may be in the form of photographic prints, black-and-white or color slides, transparencies for overhead projection or posters. They have the advantage of being open to review.

5. Is the visual material to be accompanied by recorded sound?

   Sound on tape or film can direct attention, explain details, raise questions and make transitions from one picture or idea to another.

6. When should the use of multimedia techniques be considered?

   Multimedia methods are used in presentations when more than one medium such as transparencies and slides, presented together or sequentially, can best explain and illustrate content.

To use someone else's movies, video tapes, or slide tapes for a presentation:

1. Preview the material beforehand and make sure you use only materials that relate to your objectives and the needs of the students.
2. Restate the objective and the particular points to look for before showing the material.
3. If the entire program is not appropriate, use only what meets your needs.
4. Point out any terms or steps that are different from the ones you have been using.
5. At the start of the presentation, check to make sure each viewer can see and hear adequately.
6. At the end of the presentation, either summarize the key points or ask questions covering the points.
7. If the presentation teaches the staff to do something, have them try to perform it right after your summary or questions. Offer the chance to review the materials before practice.
8. If props, equipment or materials are needed to perform the objective, have them ready.

Projected visuals are valuable in that they attract and hold attention at the same time they have the ability to show great detail to several people at once. Disadvantages revolve around the technicalities of equipment and logistics.

Now, how can you use media effectively in your training: Looking back at your original objectives for teaching aides how to obtain vital signs, and at your projected teaching methods, it should be easy to identify the instructional media you need. Tracing back through previous chapters,

you find the following:

Objective 1. Since a single thermometer is too small for a group, you will have to provide a large scale representation. This could be a large drawing on poster paper, an overhead transparency, or individual handouts. These would probably show the thermometer at several different readings, etc.

Objective 2. You could easily include a drawing of a rectal thermometer with your visual aide for Objective 1. Following the discussion, you might list on a flip chart the reasons the group found for using one temperature taking technique in place of the other.

Objective 3. You may find it worthwhile to videotape a demonstration of the pulse taking procedure. This would allow you to dub in an audio signal representing the pulse. In addition, you have the flexibility to stop and repeat the film if desired.

Objective 4. Earlier it was noted that same demonstration used to meet Objective 3 could be expanded to include this objective.

Objective 5. Since this objective may be met with a combined teaching technique, you may select media for each. During the lecture phase, you may use actual equipment, large pictures, transparencies, or handouts. During the demonstration you will most certainly need the actual equipment. Of course you may elect to include this in a videotape, should you make one for the other demonstrations. Remember, taking vital signs is such a common procedure, and one that is used so often, there may already be existing films, film-strips, or slide tape presentations which cover this information.

Objective 6. You have identified the lecture method for this objective. An enlarged replication of a page from the TPR notebook will probably facilitate your teaching. You may also want to make a handout of a sample blank page for students to use for practice.

The following chart is provided to help with your decisions concerning media. Nine common types are included, along with information concerning visual, sound, color, motion,

student control, and flexibility matters. This chart should be carefully studied before you decide to use or make media for inclusion in your program. Too often, trainers use available materials without serious consideration of the need or complexity of the medium. Sometimes a handy film can be thought of an an easy way out. Be sure your use of media fits your instructional objectives.

Once you have made the decision to use audiovisual aids, consult the resource list of available media that we have used and liked. This is found in the appendix.

Instructional Medium	Visual	Sound	Color	Motion	Student control over pace of learning.	Flexibility
Overhead transparency with live narrator.	Yes	No	Yes	No	No, pace controlled by narrator.	No, usually confined to use in a group presentation
Slides with live narrator.	Yes	No	Yes	No, but a series of slides can present sequential steps.	No, pace controlled by narrator.	No, usually confined to a group presentation.
Slides with script or audio tape.	Yes	Yes, with audio tape	Yes	No, but a series of slides can break a physical activity into its sequential steps; this is sometimes better than motion for study purposes.	Yes, student can read script or listen to tape at his own learning rate.	Yes, a slide projector has easy portability.
Models with script or audio tape.	Yes	Yes, with audio tape	Yes	Yes, simulated motion is possible.	Yes, student can read script or listen to tape at his own learning rate.	Yes, usually easily portable.
Video tape cassette.	Yes	Yes	Yes, if production equipment is available.	Yes	Yes, the student can stop, rewind, or fast forward the cassette; but learning pace is no faster than the speed of the cassette.	No, TV monitors and cassette players are usually confined to a library or classroom.
16 mm film	Yes	Yes	Yes	Yes	No, unless the student is skilled at running a 16 mm projector.	No, 16 mm projectors are usually confined to specific viewing locations.
Audio tape	No	Yes	No	No	Yes, the student can stop, rewind, or fast forward the tape but can learn only as fast as tape runs.	Yes, an audio cassette player can be taken almost anywhere
Illustrate workbook or text book.	Yes	No	Yes, but expensive:	No	Yes, the student can read it as quickly or slowly as he likes.	Yes, can be taken almost anywhere.
Non-illustrated Workbook or text	No	No	Yes, if production equipment is available.	No	Yes, the student can read it as quickly or slowly as he likes.	Yes, can be taken almost anywhere.

Are review and practice important?

Once new material has been presented to students and learning has begun, the techniques of review and practice (drill) become increasingly important to trainers.* Although practice and review are time-tested techniques of teaching and are essential to every subject area, they are easily misused and, therefore, can be ineffective.

The purpose of the review or practice is to help learners apply original concepts to related job situations. If trainers neglect this relationship between original learning and its application to real life, the review or practice sessions will be directionless.

* Material adapted from Hoover, K. H.; College Teaching Today: A Handbook for Postsecondary Instruction, Boston: Allyn & Bacon, Inc., 1980.

The techniques of review and practice are alike in that they both supplement concepts originally learned in the classroom. Both ensure more permanent learning. The two techniques are not appropriate for each situation, however.

Reviews work best when the trainer is teaching cognitive (mental) concepts; practice is appropriate when teaching particular behaviors or skills. Reviews involve the whole class; practice must be one-to-one for best results. Reviews can be used when you are teaching such things as the policies of the facility, department, or unit; characteristics of geriatric patients; or the steps in reporting an "incident." Practice can be used for such things as the procedures involved in an evacuation plan; transfer of hemiplegic patients; or taking vital signs.

At this point, it may be important to examine some of the major aspects of retention and transfer for incorporation into your instructional methods. Kenneth Hoover (1980) has described eleven major points:

1. The initial learning experiences are usually retained best. This means that as part of the instructional process we should check for accuracy the initial reactions. It is difficult to correct the inaccurate reactions but it is better to correct them early in the instruction.

2. It is easiest to recall the original learning sequence whether we are learning mental or motor skills. If we vary the sequencing and combinations, we will increase learning.

3. Forgetting occurs by degree. Approximately one third of the material studied is retained one year after taking the course. The rate of forgetting is always greater immediately after learning. Even with forgetting, relearning is easily achieved.

4. The recall of specific facts is more difficult than the recall of the existence of the fact or the attitude or method associated with them. In concept learning, it may not be necessary to train for total recall of the specifics but to train for recall of the main ideas.

5. Overlearning (learning beyond mastery) increases retention. The amount of overlearning generally recommended is fifty percent. Additional practice exercises are often beneficial.

6. Recall after a brief rest is improved if learning is interrupted or stopped just prior to mastery. To enhance learning, we should therefore not fill the rest of the time with new material after the initial learning sequence is completed. It might be better to include more practice.

7. One lengthy practice session is not as beneficial as smaller sessions of varying length. Practice sessions of decreasing length with rest periods in between may be most beneficial.

8. Transfer is enhanced if the instructor makes a conscious effort to teach for transfer.

9. Transfer of concepts, methods, and attitudes is achieved more easily than transfer of facts. Facts are transferred to new situations only if the new situations contain the same facts.

10. One learning experience may interfere with another. This can occur if there is similarity between the two situations. This is called negative transfer.

11. Negative transfer can be decreased when the corresponding elements are separated both in time and situation. Negative transfer can be minimized with increasing the thoroughness of learning and providing for overlearning.

Consideration of these principles can lead to more effective teaching and learning.

Review

A review is exactly what the word describes--a re-view, or re-look, at information already presented through some kind of teaching method (e.g. lecture, discussion, demonstration). Ideally, reviews give students a chance to get new meanings and understandings out of already learned concepts while helping students transfer those concepts to real-life situations.

Most reviews are appropriate at the end of a unit of work. Basic concepts from the unit are brought together in a logical order, clarified and expanded to apply to related situations. An appropriate review generates considerable enthusiasm and creativity in the students who, once they understand how the concepts they've studied can be applied to out-of-class problems, become more interested in learning.

To prevent poor review sessions, planning is essential. Trainers should go to great lengths to plan their reviews so that original concepts are extended to on the job situations. Examples from learners, personal experiences, simulations, and other methods can be used as illustrations.

Advantages

1. Review eases the application or transfer of learnings to related situations.
2. Learning becomes more permanent through review.

3. Misconceptions and misunderstandings can be corrected during the review phase.

4. Review is a flexible procedure--it can last as little as a few minutes or as long as several class sessions.

Disadvantages

1. Review can be misused--recitation is often substituted for review.

2. If students have not developed a good understanding of the material, review is pointless.

3. If a written test follows a review, the test must contain questions that evaluate the student's application of concepts to on-the-job situations and not his recall of isolated facts.

As you can see, the review can be used for something as global as the overall policies of the institution or something as specific as a routine for handling unexpected problems.

Practice

The importance of practice (drill) for developing particular skills cannot be overemphasized. Every skill demands practice, whether it is as elementary as delivering meal trays or as complicated as changing dressings. A student who does not practice a newly learned skill may be able to repeat the skill, but will never reach his full capacity.

Studies tell us that skills are developed best through these activities:

Initial learning. The purpose of the skill is explained and verbal instructions are given, often along with a demonstration.

Varied contact. Direct contact with the skill must be available through a variety of situations. Students develop and test their own ways of performing the skill. The trainer helps students minimize weaknesses and perfect strengths.

Repetitive practice. Vary conditions under which a skill is repeated to avoid monotony and increase the likelihood of its transfer to related situations. Forcing students to practice will not help. Students will not improve their skills through practice unless they are self-motivated.

Advantages

1. Practice is the basic instructional method for getting and developing mental and motor skills.
2. Trainers can practice with students one at a time.
3. When spaced appropriately, practice helps reduce the rate of forgetting.
4. Practice develops habits that tend to become part of one's lifestyle.

Disadvantages

1. Practice, or drill, is not effective for certain kinds of learning.
2. Misguided practice may hinder learning.
3. Striking a balance between speed and accuracy is difficult.
4. Repetitive drill may become monotonous.
5. The logistics of working out practice sessions with each student are sometimes complicated.

Here again, practice can be used effectively whether the behavior is one that is seldom necessary (e.g., evacuation), often necessary (e.g., transferring hemiplegic patients), or regularly necessary.

Evaluation – did learning take place?

Evaluation is the point where you as trainer determine whether or not your inservice program meets the goals of the nursing home. Because evaluation provides concrete feedback about what inservice has accomplished, it can provide the inservice trainer with information on how programs should be changed to better meet the goals of the facility. If better patient care is the ultimate goal of inservice, then the evaluation should focus on employee performance.

An evaluation is the process of determining the learner's achievement of training objectives and the effectiveness and efficiency of the delivery system. The evaluation process should assess both the learner's competence and the program's efficacy.

The first step in conducting an evaluation is to determine the objectives of the program. Since you have already written learner objectives for program planning, you can now use these same objectives to determine whether or not your learners have achieved the desired level of performance.

Learners' progress should be measured throughout training, not just at the end of a program or series. Learners need to know their strengths and weaknesses. Deficiencies should be corrected immediately and not allowed to become habits. If evaluation is done periodically, then you as trainer can advise and guide your learners toward self-improvement.

Self-evaluation is similarly important to the planner. You should want to know how well the program you have developed is serving its objectives as it goes along. This is called formative evaluation, and it takes place during development and tryouts. It is useful for determining any weaknesses in the plan that can be improved before full-scale use. Reactions from employees and supervisors, observations of trainees at work, and suggestions from your colleagues may indicate deficiencies in the learning sequence, in procedures, in materials, and so on. For example, the pace of instruction may be too rapid or too slow, or the sequence may be uninteresting, confusing, or too difficult. Formative evaluation also allows the supervisor to determine whether at any point in the instructional sequence too much previous

knowledge has been assumed, or whether the emphasis is on material already mastered and not requiring more attention.

The careful analysis of the results of a program when it is in full use is called a summative evaluation. It is concerned with evaluating the degree of final achievement of objectives. This is usually done through a post-test. This may also entail following up after a course is completed to determine if and how employees are using or applying the knowledge, skills, and attitudes treated in the program.

At this point you and administration may be interested in accountability, or the effectiveness and efficiency of the inservice program. Feedback from summative evaluation should be used for revising and improving any parts of the instructional plan that need it. Evaluation can also provide data on the cost and benefits of inservice.

Evaluation is not measurement. The trainer must elect an appropriate measurement technique for providing the information upon which inservice program decisions will be based. A number of measurement techniques were presented in the chapter on needs analysis. Questionnaires, interviews, job analysis, reports, tests, and group problem techniques can all be used as measures for evaluation.

Probably the measurement technique most appropriate for in-service is the performance test. Performance tests assess learners' ability to demonstrate competency in performing skills, tasks, and procedures. Performance tests should correspond to the learning objectives. The checklist, records, and simulation are three other types of performance tests which are easy to use in the nursing home setting.

A checklist is a prepared list of statements related to particular attitudes, actions, or performance standards. Checklists can be completed by the learner, a supervisor, or the trainer. The responses can be in formats such as "yes/no," "acceptable/unacceptable," or "satisfactory/needs improvement/ unsatisfactory."

Records can be reviewed by the trainer regularly. Written logs of training should be kept. These provide the trainer with a record of what worked or did not work, any problems which occurred, good questions, areas needing more review, and so on. Floor records, incidents, complaints, and employee files are also records that can be used for evaluation.

Simulation is a performance assessment that enables the learner to demonstrate a particular skill in a realistic setting. Simulations allow learners to test skills and judgments in the context of reality, to get prompt and specific feedback on performance without risk to patients, to try several

approaches, to practice, and to work on one part of a complex problem at a time. Basically, simulation allows the learner to participate and practice a technique until it is perfected.

All right, how can you as a trainer use these evaluation measurement techniques? Let's look at our needs analysis checklist.

Direction: Please rate each of your aides on the following tasks.

Task	Performs very well 1	2	3	4	Performs poorly 5
1. Choose correct type of thermometer (rectal/oral).	___	___	___	___	___
2. Observe proper care of thermometer.	___	___	___	___	___
3. Take an oral temperature, using correct procedures.	___	___	___	___	___
4. Take a rectal temperature, using correct procedures.	___	___	___	___	___
5. Record temperature correctly.	___	___	___	___	___

The nurse on a particular wing was asked to rate each of the twelve aides on that wing on the above tasks. It was determined through the needs analysis that review and practice was needed for Task 4 and a re-training session was needed for Task 5.

The learning objectives corresponding to these tasks were:

> Each aide will be able to demonstrate the correct method of taking a rectal temperature.
>
> Each aide will be able to correctly record the temperature reading from ten written examples of thermometers.

For purposes of review, practice, and retraining, you as trainer then provide an inservice which includes these two objectives. At the end of the training, each aide is asked to complete the following checklist.

Directions: Please rate yourself on the following tasks.

Task	Can do well 1	Need more training 2	Cannot do well 3
1. Choose correct type of thermometer (rectal/oral).	____	____	____
2. Observe proper care of thermometer.	____	____	____
3. Take an oral temperature, using correct procedures.	____	____	____
4. Take a rectal temperature, using correct procedures.	____	____	____
5. Record temperature correctly.	____	____	____

The nurse then rates the aides again. If both the nurse and the aides feel that performance on these tasks is now acceptable, the training can be evaluated as successful. This is an example of how a checklist can be used in evaluating training.

Several other things should be considered by the inservice trainer during evaluation. Objectives should be evaluated: are the objectives really matched to learner needs? Method of presentation should be evaluated: is the method of presentation appropriate? And inservice goals should be evaluated: is inservice meeting the goals of the nursing home?

Trainers should be particularly careful not to attempt to measure learner reactions to presentation techniques as an evaluation of overall training. This is bound for failure. Unless you are measuring popularity of a particular presentation, trainee performance alone must be the criterion.

In summary, there are three points to be considered in evaluation:

1. the degree to which training prepared learners to perform particular job functions (learner evaluation);
2. the degree to which the objectives were achieved (program evaluation);
3. information concerning learner feedback on method of presentation (diagnostic tool).

This leads to one of three evaluation decisions:

1. Continue inservice as is. No problems.
2. Discontinue current inservice. Too many problems.
3. Modify, revise, and expand current inservice. Some things are working well, others are not. New problems have been identified.

How does inservice benefit the nursing home?

In the nursing home setting, very often the staff which delivers "hands-on" care is largely made up of hourly wage earners. These employees often have little background or experience working in nursing homes. Even if they have worked previously in nursing homes, the difference in policies and procedures from one home to another can be confusing.

Often, this type of employee is hired in response to staffing needs demanded by regulations. The orientation provided them is quick and brief, yet performance expectations are high and are not altered by the circumstances of continual turnover. Employees handled in this manner do not perceive themselves as really belonging to the staff or as being affiliated closely with the institution. Thus, turnover rates remain high.

Furthermore, staff on all levels are prone to be uneducated in the field of aging and chronic illness. Thus, they often do not know how to handle problems which they encounter. This can lead to many defensive behaviors which usually result in poor patient care. It is also a source of low morale among the employees, as they experience constant job frustration.

For all the reasons just given, it is imperative that thorough orientation and on-the-job training be offered to these employees. Inservice offers an opportunity for staff to develop an interdisciplinary approach to patient care. At the same time, it offers an opportunity for employees to develop expertise in their own fields. This is an important concept. Since the needs of older patients are multiple, it is necessary to develop care plans which reflect the knowledge of multiple care-givers interacting on behalf of the patients. This maximizes patient care, while giving employees the satisfaction of knowing that their individual contributions are necessary to the total plan. Each care-giver's effort may appear minimal in view of the complexity and severity of needs a given resident may have. When viewed as part of an interacting total plan of care, however, all facets of care-giving are seen as important to the goals.

Most Directors of Nurses find themselves spending a considerable amount of time counseling single employees

concerning job performance and expectations. Surveys show that this aspect of the Director of Nurses' job is liked least, and is seen as interfering most with nursing duties. Therefore, job satisfaction decreases for both Director of Nurses and other employees. Successful orientation and in-service can prevent most of the waste of professional time, with better employee morale as the result.

With these thoughts in mind, let's look at what the inservice trainer can do within one's own nursing home to ensure that inservice will benefit the facility and increase the quality of patient care. At the conclusion of inservice programs, oftentimes the administrators, employees, and inservice trainers are left wondering why training results are limited to vocabulary changes or correct answers elicited in a classroom setting. To be effective, training must transfer from the classroom to the job.

Adult training needs support to survive. Otherwise it is doomed to failure. An adult learner is someone who has already overlearned certain behaviors. All adult training is an unequal competition with pre-existing habits, especially those habits which are supported by simply conforming to whatever one's peers are doing and to what one's supervisors expect or condone.

Pretraining support is essential. Minor behavior changes are more likely to be accomplished than major changes. Training that attempts to extend existing habits or implant ideas consistent with those already known and understood is more likely to work than training that tries to replace an old repertoire of habits with a new repertoire. Training, therefore, should not be overly ambitious. One small step at a time is more beneficial than no steps or steps backwards.

Training should be useful. Carefully analyze learner needs to discover what behaviors already exist and how you can use these pre-existing behaviors within training. The reasons for training must be readily apparent to trainees. In one sense, training is an intrusion into existing behavior. Therefore, trainees need to understand and support the reasons for training. This is no problem when the trainee is a beginner who has no skills. But it can be a serious problem for retraining or for training employees who are moving from one nursing home to another.

Planning for training must tailor the programs to meet the specific behaviors and understood needs of the group. Then training is more likely to be accepted, and the behaviors practiced during the training program have a better chance of transferring to the job.

The trainer can also impact the learners. When you think about your own experiences as a learner, it may be that you remember more about an instructor than about content. Behaviors modeled by the trainer can have a powerful impact on the learner. Instructor behavior that is at odds with the instructor content produces feelings of discomfort within a learner. This can result in the learner discounting the importance and job relevancy of the content.

There are five trainer behaviors that increase motivation to learn*:

1. Maintain and enhance the self esteem of the learners.
2. Focus on learners' behaviors and not on learners' personalities.
3. Actively listen.
4. Use positive reinforcement to shape learning.
5. Set goals and follow-up dates and maintain communications.

No training supports itself, and unsupported learning inevitably dies. Old learning is supported by force of habit. At best, all that classroom training accomplishes is to prepare the learner to benefit from on-the-job feedback and reinforcement.

* Rosenbaum, B.L. and Baker, B., Do As I Do: The Trainer as a Behavior Model, Training/HRD (December, 1979), 89-93.

You as trainer must ensure that feedback and reinforcement are incorporated in training. Appeals for support should be directed precisely to those persons within the facility who must act differently if training is to have an impact. The appeal should be based on the ability of the learners to do their jobs better. One example of this is supervisor support. Instead of approaching the facility's administrator, have a short session with LVN's. Explain what you are going to include in the next inservice for aides, and give a quick demonstration. Then encourage all LVN's to watch for and reward the expected new behavior with a positive comment.

The people whose behavior has the greatest impact on trainees' behavior are those with the most frequent daily contact. Assign a new employee to an old employee "buddy." Encourage the old employee to support correct patient care procedures. Reinforcement and reward need not be extensive or expensive. On the contrary, it is usually sufficient simple to acknowledge that one is doing what is expected. Little things do count.

If you want the reinforcement to be more than a simple positive statement, work with administration to establish some job incentives. Staff development can help. Inservice sometimes offers an escape from tedium. Practically, in the nursing home setting, we must often find ways of persuading

people to do well the work that they would rather not do at all. It is helpful to periodically remind people of the reasons why the job has to be done in a certain manner, of how they as individuals fit within the structure of overall patient care, and of their importance to the facility and the patients.

Explanations will not make the work more attractive. Training cannot make the work more pleasant, but it can make the work easier to perform and less oppressive. Explanations, praise, and support of and from all levels of employees can make an overall impact towards positive patient care.

In conclusion, the benefits of inservice for the staff are*:

1. It promotes understanding and commitment to the goals of the home, through orientation programming.
2. It provides satisfactions by developing the skills needed to do a good job on a continuing basis.
3. It offers additional satisfaction of the universal human desire for growth and development, by providing refresher information and training in new skills.
4. It gives staff a chance to grow with their jobs and to take on additional responsibilities, by offering courses in leadership and management development.
5. It actively involves staff members in checking on their own levels of performance and in setting higher standards of on-the-job performance.

* A Concept of Inservice Education in Nursing Homes, Nursing Home Trainer Program, NYM/RMD Project #20 61-70 A, United Hospital Fund of New York, December, 1972.

6. It promotes mutual respect for each other's work-roles and responsibilities, by giving personnel from various disciplines opportunities to exchange ideas and information and to solve problems together.

For the nursing home, inservice education can promote a higher level of patient/resident care and can develop a more efficient and loyal staff. The benefits from these achievements may include the following:

1. Inservice education improves the public image of the home (and of nursing homes in general) within the immediate community.

2. Inservice education provides a new perception of the nursing home as a laboratory for analyzing problems and working out practical solutions to the problems of delivering care and services to chronically ill, aging patient/residents.

3. Inservice education develops a "neutral" environment in which interpersonal and interdepartmental disagreements can be resolved, and where staff turnover can be reduced, if it is a problem.

Inservice education is instrumental in developing human resources needed to provide care and services which satisfy the complex needs of personnel, patient/residents, families, and the community in which a home is located. Inservice education is a continuing responsbility shared by administrative and other personnel responsbile for the safety and well-being of nursing home patient/residents.

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AUDIO-VISUAL SOURCES

American Nursing Home Association
Film Service
Box 7316
Alexandria, VA 22307

Concept Media
1500 Adams Avenue
Costa Mesa, CA 92626

Gerontology Film Collection
Main Library
North Texas State University
Denton, TX 76203

Roche Laboratories
Division of Hoffman-LaRoche
Industries
Nutley, NH 07110

Sandoz Pharmaceuticals
Division of Sandoz-Wander
59 State Highway #10
Hanover, NJ 07936

United Hospital Fund
3 East 54th Street
New York, NY 10022

University of Michigan
Audio-visual Education Center
416 Fourth Street
Ann Arbor, MI 48104

University of Southern California
Division of Cinema — Film Distribution Center
University Park
Los Angeles, CA 90007

Wayne State University
Audio visual Productions Center
680 Putnam
Detroit, MI 48202

FILM CATALOGS

About AGing: A Catalog of Films
Andrus Gerontology Center
University of Southern California
Los Angeles, CA 90007

Media/Resources for Gerontology
Institute of Gerontology
University of Michigan
Ann Arbor, MI 48104

Film Catalog — Publication No. 5218
American Hospital Association
860 North Lake Shore Drive
Chicago, IL 60611

Film Catalog — Management
Film Department
American Management Association
135 West 50th Street
New York, NY 10020

Gerontological Film Collection Catalog
Gerontological Film Collection
Main Library
North Texas State University
Denton, TX 76203

JOURNALS

American Journal of Nursing
555 West 57th Street
New York, NY 10019

Cross-Reference
American Hospital Association
840 North Lake Shore Drive
Chicago, IL. 60611

Concern
L. Edward Godeke (Publisher)
Box 264
Pitman, NJ 08071

Geriatric Care
Eymann Publications, Inc.
1490 Huntington Circle
Box 3577
Reno, NV 89505

Geriatrics
Lancet Publications
1 East First Street
Duluth, MN 55802

Health Care Education
Reinhardt-Keymer Publishing Co., Inc.
60 East 42nd Street
Suite 1026
New York, NY 10017

Hospitals (Journal of the American Hospital Association)
840 North Lake Shore Drive
Chicago, IL. 60611

The Journal of Nursing Administration
12 Lakeside Park
607 North Avenue
Wakefield, MA 01880

Journal of Nursing Education
Charles B. Slack, Inc. (Publisher)
6900 Grove Road
Thorofare, NJ 08086

Journal of Gerontological Nursing
Charles B. Slack, Inc.
6900 Grove Road
Thorofare, NJ 08086

Modern Health Care
Circulation Department
740 Rush Street
Chicago, IL 60611

Modern Nursing Home
Controlled Circulation-Specialist
P.O. Box 618
Highstown, NJ 08520

Nursing Outlook
Subscription Department
10 Columbus Circle
New York, NY 10019

Nursing Homes
400 Albemarle Street, N.W.
Room 500
Washington, D.C. 20016

Supervisor Nurse
S-N Publications, Inc.
18 South Michigan Avenue
Chicago, IL 60603

Training
Fulfillment Department
731 Hennepin
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